

*Bibliotheca Anatomica L. 24.* *S. 21.*

AN ANATOMICAL  
EXPOSITION  
OF THE  
STRUCTURE  
OF THE  
HUMAN BODY.

BY  
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Translated from the French Original,

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VOL. II.



LONDON:

Printed for N. PREVOST, at the *Ship*, in the *Strand*.  
M.DCC.XXXIII.

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JAMES W. H. ...  
PROFESSOR OF PHYSICS AND SURGERY  
IN THE UNIVERSITY OF PARIS

SIR,

**A**

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stem

Printed for M. P. ... at the ... in the ...

DEDICATION  
iv  
System of Anatomy that has hitherto ap-  
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SECOND VOLUME  
Dr. BROXOLME.

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SIR,

*Your Most Obedient,*

Bow-Lane,  
Nov. 1. 1722.

*Most Obligated Servant,*

G. DOUGLAS.

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| Musculi Buccinantes            | 556   | Glandulae Sublinguales                 | 582   |
| Ligamenta Inter-Maxillaria     | 557   | Glandulae Molares                      | 583   |
| Musculi Zygomatici             | 559   | Glandulae Buccales, Labiales & Linguae | 584   |
| Musculi Canini                 | 561   | Angydale                               | 586   |
| Musculi Incisorii Laterales    | 562   | Glandula Thyroides                     | 588   |
| Musculi Incisorii Medii        | 563   | Glandulae Lymphaticae                  | 591   |
| Musculi Triangulares           | 566   | The Glands in general.                 | 601   |
| Musculus Quadratus             | 567   |                                        |       |
| Musculi Incisorii Inferiores   | 568   |                                        |       |

Э.Н.Т. 50

THE ANATOMICAL

# Anatomical Exposition

OF THE

## STRUCTURE

OF THE

# HUMAN BODY.

### SECT. IV.

#### *A Description of the Arteries.*

1. **T**HE Heart throws the Blood into two great Arteries; one of *Introduction* which is named Aorta, the other, Arteria Pulmonalis.

2. THE Aorta distributes the Blood to all the parts of the Body, for the nourishment of the parts and for the Secretion of different Fluids.

3. THE Arteria Pulmonalis carries the venal Blood through all the capillary Vessels of the Lungs.

4. BOTH these great or general Arteries are subdivided into several Branches, and into a great number of Ramifications. In this Section, I shall describe the Distributions of the Aorta, leaving the pulmonary Artery to the particular History of the Lungs.

5. THE Basis of the Heart being very much inclined to the right Side, *The Aorta* and turned a little backward, the Aorta goes out from it in a direct course, *in general.* nearly over-against the fourth Vertebra of the Back. Its course, I say, is direct with respect to the Heart, but with respect to all the rest of the



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Body, it ascends obliquely from the left to the right Hand, and from before, backward.

6. Soon after this, it bends obliquely from the right hand to the left, and from before, backward, reaching as high as the second Vertebra of the Back; from whence it runs down again in the same Direction, forming an oblique Arch. The middle of this Arch is almost opposite to the right side or edge of the superiour Portion of the Sternum, between the cartilaginous Extremities or sternal Articulations of the first two Ribs.

7. From thence the Aorta descends in a direct course along the anterior part of the Vertebrae, all the way to the Os Sacrum, lying a little toward the left hand; and there it terminates in two subordinate or collateral Trunks, call'd Arteriae Iliacae.

*General  
Division of  
the Aorta.*

8. The Aorta is by Anatomists, generally divided into the Aorta Ascendens and Aorta Descendens, tho' both are but one and the same Trunk. It is termed Ascendens, from where it leaves the Heart to the Extremity of the great Curvature or Arch. The remaining part of this Trunk from the Arch to the Os Sacrum or Bifurcation already mentioned, is named Descendens.

9. The Aorta Descendens is further divided into the superiour and inferiour Portions; the first taking in all that lies above the Diaphragm; the other, all that lies between the Diaphragm and the Bifurcation.

10. The Aorta Ascendens is chiefly distributed to part of the Thorax, to the Head and upper Extremities. The superiour Portion of the Aorta Descendens furnishes the rest of the Thorax; the inferiour Portion furnishes the Abdomen and lower Extremities.

11. The great Trunk of the Aorta through its whole length, sends off immediately several Branches which are afterwards differently ramified; and these arterial Branches may be looked upon as so many Trunks with respect to the other Ramifications; which again may be considered as small Trunks, with regard to the Ramifications that they send off.

12. The Branches which go out immediately from the Trunk of the Aorta, may be termed original or capital Branches; and of these some are large and others very small.

13. The large capital Branches of the Aorta are these: two Arteriae Subclaviae: two Carotides, one Caeliaca, one Mesenterica Superior, two Renales, formerly termed Emulgentes, one Mesenterica Inferior, and two Iliacae.

14. The small capital Branches are chiefly the Arteriae Coronariae Cordis, Bronchiales, Oesophagae, Intercoastales, Diaphragmaticae Inferiores, Spermaticae, Lumbares, and Sacrae.

15. These capital Branches or Arteries are for the most part disposed in Pairs; there being none in odd numbers but the Caeliaca, the two Mesentericae, some of the Oesophagae, the Bronchialis, and sometimes the Sacrae.

16. The Ramifications of each capital Branch are in uneven numbers with respect to their particular Trunks; but with respect to the Ramifications of the like capital Trunks on the other side, they are disposed in Pairs. Among the Branches there are in odd numbers, none but the Arteria Sacra when it is single, and the Oesophagae, the Ramifications of which are sometimes found in Pairs.

17. BEFORE I enter upon the detail of each of these particular Arteries, many of which have proper Names; it will be convenient to give a short View of the Disposition and Distribution of the principal arterial Branches, as a general Plan to which all the particularities of each distribution may afterwards be referred: for I have found by Experience, that the common Method of describing the Course of all the Ramifications of these Vessels, without having first given a general Idea of the principal Branches, is very troublesome to Beginners.

18. THE Aorta gives rise to two small Arteries, called Coronariæ Cordis, which go to the Heart and its Auricles; one of which is situated anteriorly, the other posteriorly, and sometimes they are three in number.

*General Distribution of the Branches of the Aorta.*

19. FROM the upper part of the Arch or Curvature, the Aorta sends out commonly three, sometimes four large capital Branches, their Origins being very near each other. When there are four, the two middle Branches are termed Arteriæ Carotides; the other two, Subclaviæ; and both are distinguished into Right and Left.

20. WHEN there are but three Branches, which is ofteneft the Case, the first is a short Trunk, common to the right Subclavian and Carotid, the second is the left Subclavian, and the third the left Carotid. Sometimes, tho' very rarely, these four Arteries unite in two Trunks.

21. THE Origin of the left Subclavian, terminates the Aorta Ascendens; but I have sometimes observed four Branches, the first three of which were those already mention'd, and the fourth a distinct Trunk of the left vertebral Artery.

22. IT must be observed that these large Branches which arise from the Curvature of the Aorta, are situated obliquely; the first, or that which is most on the right hand, lying more forward than the rest, and the last, which is most on the left hand, more backward. The first and second or middle Branches, are generally in the middle of the Arch, and the third lower down. Sometimes the first alone is in the middle; all which Varieties depend on the Obliquity of the Arch.

23. THE Carotid Arteries run up directly to the Head, each of them being first divided into two, one external, the other internal. The external Artery goes chiefly to the outer parts of the Head and Dura Mater or first covering of the Brain. The internal enters the Cranium, through the bony Canal of the Os Petrosum; and is distributed through the Brain by a great number of Ramifications.

24. THE subclavian Arteries separate laterally and almost transversely, each toward that side on which it lies, behind and under the Claviculæ, from whence they have their Name. The left seems to be shorter, and runs more obliquely than the right.

25. THE Subclavian on each side terminates at the upper Edge of the first Rib, between the lower Insertions of the first Scalenus Muscle; and there, as it goes out of the Thorax, takes the name of Arteria Axillaris.

26. DURING this Course of the subclavian Artery, taking in the common Trunk of the right Subclavian, several Arteries arise from it, viz. the Mam-

maria



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maria Interna, Mediastina, Pericardia, Diaphragmatica minor five superior, Thymica and Trachealis.

27. THE Thymica and Trachealis on each side are in some Subjects only Branches of one small Trunk which springs from the common Trunk of the right Subclavian and Carotid.

28. THEY are generally small Arteries which run sometimes separate, and sometimes partly separate and partly joined.

29. THE Subclavian sends off likewise the Mammaria Interna, Vertebrales, Cervicales, and sometimes several of the upper Inter-costales.

30. THE Axillary Artery which is only a Continuation of the Subclavian, from where it goes out of the Thorax, to the Axilla, detaches chiefly the Mammaria Externa or Thoracica Superior, Thoracica Inferior, Scapulares Externæ, Scapularis Interna, Humeralis or Muscularis, &c. Afterwards it is continued by different Ramifications and under different Names, over the whole Arm, all the way to the ends of the Fingers.

31. THE superior Portion of the Aorta Descendens gives off the Arteriæ Bronchiales, which arise sometimes by a small common Trunk, sometimes separate, and sometimes do not come immediately from the Aorta. It next sends off the Oesophagæ, which may be looked upon as Mediastinæ Posteriores; and then the Inter-costales from its posterior Part, which in some Subjects come all from this Portion of the Aorta, in others only the lowest eight or nine.

32. THE small antierour Arteries here mentioned are generally at their Origins, single and in uneven Numbers, but they divide soon after, toward the Right and Left.

33. THE inferior Portion of the descending Aorta, as it passes through the Diaphragm, gives off the Diaphragmaticæ Inferiores or Phrenicæ, which however do not always come immediately from the Aorta. Afterwards it sends off several Branches antierourly, posterourly and laterally.

34. THE anterior Branches are the Cæliaca which supplies the Stomach, Liver, Spleen, Pancreas, &c. the Mesenterica Superior which goes chiefly to the Mesentery, to the small Intestines, and to that part of the great Intestines, which lies on the right side of the Abdomen; the Mesenterica Inferior, which goes to the great Intestines on the left Side and produces the Hemorrhoidalis Interna; and lastly, the right and left Arteriæ Spermaticæ.

35. THE posterior Branches are the Arteriæ Lumbares, of which there are several Pairs, and the Sacræ which do not always come from the Trunk of the Aorta.

36. THE lateral Branches are the Capsulares and Adiposæ, the Origin of which often varies; the Renales formerly termed Emulgentes, and the Iliacæ which terminate the Aorta by the Bifurcation already mention'd.

37. THE Iliac Artery on each side is commonly divided into the external or antierour, and internal or posterour.

38. THE internal Iliaca is likewise named Arteria Hypogastrica; and its Ramifications are distributed to the Viscera contained in the Pelvis, and to the neighbouring Parts, both internal and external.

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39. THE Iliaca Externa, which is the true Continuation of the Iliac Trunk and alone deserves that name, goes on to the Inguen, and then out of the Abdomen, under the Ligamentum Fallopii; having first detached the Epigastrica which goes to the Musculi Abdominis Recti. Having quitted the Abdomen, it commences Arteria Cruralis, which runs down upon the Thigh, and is distributed by many Branches and Ramifications to all the lower Extremity.

40. I shall now go on to examine particularly all the capital or original Branches of the Aorta, from their Origin, to the Entry of them and of their Ramifications into all the parts of the Body, and all the different Viscera and Organs.

41. THE cardiac or coronary Arteries of the Heart, arise from the Aorta immediately on its leaving the Heart. They are two in number, and according to the natural Situation of the Heart, one is rather superiour than anterior, the other rather inferiour than posterior. *Arteria Cardiacæ five Coronariæ Cordis.*

42. THEY go out near the two Sides of the pulmonary Artery, which having first surrounded, they afterward run upon the Basis of the Heart in form of a kind of Crown or Garland, from whence they are called Coronariæ; and then pursue the superficial Traces of the Union of the two Ventricles, from the Basis of the Heart to the Apex.

43. THEY send communicating Branches to each other, which are afterward lost in the Substance of the Heart, as shall be shown more particularly in describing that Organ.

44. WE sometimes meet with a third coronary Artery which arises from the Aorta more backward, and is spent on the posterior or lower side of the Heart.

45. THE carotid Arteries are commonly demonstrated after the Subclavian; but I choose to describe them first, that I may afterwards be able to pursue the Arteries of the Thorax arising partly from the Subclaviæ and partly from the Aorta Descendens, without interruption. *The Arteriæ Carotides in general.*

46. THESE Arteries are two in Number, one called the right Carotid, the other the left. They arise near each other, from the Curvature or Arch of the Aorta, the left immediatly; the right most commonly from the Trunk of the Subclavia on the same Side, as has been already observed.

47. THEY run upon each side of the Trachea Arteria, between it and the internal jugular Vein, as high as the Larynx, without any Ramification. During this Course, therefore, they may be named carotid Trunks or general, common and original Carotids. Each of these Trunks is afterwards ramified in the following manner.

48. THE Trunk having reached as high as the Larynx, is divided into two large Branches or particular Carotids, one named external, the other internal, because the first goes chiefly to the external parts of the Head, the second enters the Cranium and is distributed to the Brain.

49. THE external Carotid is anterior the internal, posterior; and the external is even situated more inward and nearer the Larynx than the other; but



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but the common Names may still be retained, as being taken not from their Situation, but from their Distribution.

*Arteria Carotis Externa.*

50. THE external Carotid is the smallest, and yet appears by its Direction to be a Continuation of the common Trunk. It runs insensibly outward, between the external Angle of the lower Jaw, and the parotid Gland, which it supplies as it passes. Afterwards it ascends on the fore-side of the Ear, and ends in the Temples.

51. IN this Course it sends off several Branches, which may well enough be divided into anterior or internal, and posterior or external; and the principal Branches of each kind are these.

52. THE first anterior or internal Branch goes out from the very Origin of the Carotid on the inside; and having presently afterward taken a little turn, and sent off Branches to the jugular Glands near it, to the Fat and Skin; it runs transversely, and is distributed to the Glandulae Thyroidae, and to the Muscles and other parts of the Larynx; for which reason I name it Laryngae or Gutturalis Superior. It likewise sends some Branches to the Pharynx and Muscles of the Os Hyoides.

53. THE second anterior Branch passes over the nearest Cornu of the Os Hyoides, to the Muscles of that Bone and of the Tongue; and to the Glandulae Sublinguales; afterwards passing before the Cornu of the Os Hyoides, it loses itself in the Tongue, from whence it has been called Arteria Sublingualis; and it is the same Artery which others have named Ranina.

54. THE third Branch or Arteria Maxillaris Inferior goes to the maxillary Gland, to the styloide and mastoide Muscles, to the parotid and sublingual Glands, to the Muscles of the Pharynx, and to the small Flexors of the Head.

55. THE fourth Branch, which I name Arteria Maxillaris Externa, passes anteriorly on the masseter Muscle, and middle of the lower Jaw near the Chin, from whence it has a denomination in some Languages, which cannot be expressed in *English*. Afterwards it runs under the Musculus Triangularis Labiorum, which it supplies as well as the Buccinator and the Quadratus Menti.

56. IT sends off a particular Branch, very much contorted, which divides at the angular commissure of the Lips, and running in the same manner along the superiour and inferiour Portions of the Musculus Orbicularis, it communicates on both sides with its fellow, and thereby forms a kind of Arteria Coronaria Labiorum.

57. AFTERWARDS it ascends towards the Nares, and is distributed to the Muscles, Cartilages and other parts of the Nose, sending down some Twigs, which communicate with the coronary Artery of the Lips. Lastly, it reaches the great Angle of the Eye, and is ramified and lost on the Musculus Orbicularis Palpebrarum, Superciliaris and Frontalis. Through all this Course, it is named Arteria Angularis.

58. THE fifth Branch arises over-against the Condyle of the lower Jaw, and as it is very considerable, I call it Maxillaris Interna. It passes behind the

the Condyle, and having given off a Twig among the Musculi Pterygoidæi; it is divided into three principal Branches.

59. THE first Branch goes through the inferior Orbitary or Spheno-maxillary Fissure, to the Orbit, after having supplied the Musculi Peristaphylini, and the glandulous Membrane of the posterior Nares, through the Foramen Spheno-Palatium. I name this Branch Spheno-Maxillaris.

60. It is distributed inferiorly and laterally to the Parts contained in the Orbit, and detaches a small subaltern Branch through the Extremity of the superior Orbitary or sphenoidal Fissure, which enters the Cranium, and is spent upon the Dura Mater, communicating there with the other Artery of the Dura Mater, which enters by the Foramen Spinale of the sphenoidal Bone.

61. It sends off likewise another subaltern Branch, which passes through the posterior Opening of the orbitary Canal, and having furnished the maxillary Sinus and the Teeth, goes out by the inferior orbitary Hole, and on the Cheek communicates with the angular Artery.

62. THE second of the three Branches runs through the Canal of the lower Jaw, and being distributed to the Alveoli and Teeth, goes out at the Hole near the Chin, and loses it self in the neighbouring Muscles, communicating with the Rami of the Arteria Maxillaris externa.

63. THE third Branch of the Maxillaris interna runs up between the internal and external Carotids, passes through the Foramen Spinale of the sphenoidal Bone, and is distributed to the Dura Mater by several Ramifications which run forward, upward and backward; the uppermost communicating with those on the other side, above the longitudinal Sinus of the Dura Mater.

64. THIS Artery of the Dura Mater which may be termed Spheno-spinalis, to distinguish it from those that go to the same part by another Course, arises sometimes from the Trunk of the external Carotid, behind the Origin of the Laryngæa or Gutturalis superior, and sometimes from the first Ramus of the Maxillaris interna, just before it enters the spheno-maxillary Fissure.

65. THE sixth anterior or internal Branch which is very small, is spent on the Musculus Masseter.

66. THE first external or posterior Branch is named Arteria Occipitalis. It passes obliquely before the internal jugular Vein, and having given Twigs to the Musculus Stylo-Hyoidæus, Stylo-Glossus and Digastricus, it runs between the styloide and mastoide Apophyses, along the mastoide Groove, and goes to the Muscles and Integuments which cover the Os Occipitis, turning several times in an undulating Manner as it ascends backward.

67. It communicates by a descending Branch with the vertebral and cervical Arteries, as has been already said; near the top of the Head, it communicates likewise with the posterior Branches of the temporal Artery, and it sends a Branch to the Foramen Mastoidæum.

68. THE second external Branch spreads it self on the outward Ear, by a great many small Twigs on each side, several of which run inward, and furnish the Cartilages, Meatus Auditorius, Skin of the Tympanum and internal Ear.



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69. THE Trunk of the external Carotid ascends afterward above the Zygoma, passing between the Angle of the lower Jaw and Parotid Gland, and forms the Temporal Artery, which divides into an anterior middle and posterior Branch.

70. THE anterior Branch of the temporal Artery goes to the Musculus Frontalis, communicates with the Arteria Angularis, and sometimes gives off a very small Artery, which pierces the internal Apophysis of the Os Malæ, all the way to the Orbit. The middle Branch goes partly to the Musculus Frontalis, partly to the Occipitalis. The posterior Branch goes to the Occiput, and communicates with the Arteria Occipitalis. All these Branches likewise furnish the Integuments.

*Arteria Carotis Interna.*

71. THE internal carotid Artery leaving the general Trunk, is at first a little incurvated, appearing as if either it were the only Branch of that Trunk, or a Branch of the Trunk of the external Carotid. Sometimes the Curvature is turned a little outward, and then more or less inward, passing behind the neighbouring external Carotid.

72. IT is situated a little more backward than the Carotis Externa, and generally runs up without any Ramification, as high as the lower Orifice of the great Canal of the Apophysis Petrosa of the Os Temporis. It enters this Orifice directly from below upward, and afterward makes an Angle according to the Direction of the Canal, the rest of which it passes horizontally, being covered by a Production of the Dura Mater.

73. AT the end of this Canal it is again incurvated from below upward, and enters the Cranium through a Notch of the sphenoidal Bone. Then it bends from behind, forward, and makes a third Angle on the side of the Sella Sphenoidalis; and again a fourth, under the clinoid Apophysis of that Sella.

74. AS it leaves the bony Canal to enter the Cranium, it sends off a Branch through the sphenoidal Fissure to the Orbit and Eye; and soon afterward, another, through the Foramen Opticum, by which it communicates with the external Carotid.

75. AFTERWARDS the internal Carotid runs under the Basis of the Brain to the side of the Infundibulum, where it is at a small distance from the internal Carotid of the other side, and there it commonly divides into two principal Branches, one anterior, and one posterior.

76. THE anterior Branch runs forward under the Brain, first separating from that on the other side, then coming nearer again, it unites with it by an Anastomosis or Communication in the Interstice between the olfactory Nerves. Afterwards having sent off some small Arteries, which accompany these Nerves, it leaves its fellow, and divides into two or three Branches.

77. THE first of these Branches goes to the anterior Lobe of the Brain; the second, which is sometimes double, is inverted on the Corpus Callosum, to which it gives some Ramifications, as also to the Falx of the Dura Mater, and middle Lobe of the Brain. The third, which in some Subjects is a distinct Branch, in others only a Division of the second, goes to the posterior

Lobe

Lobe of the Brain. This might be look'd upon as a third principal Branch lying between the other two.

78. THE posterior Branch communicates first of all, with the vertebral Artery of the same side, and then divides into several Rami which run between the superficial Circumvolutions of the Brain; and are ramified in many different Directions on and between these Circumvolutions, all the way to the bottom of the Sulci.

79. ALL these Ramifications are covered by the Pia Mater, in the Duplication of which, they are distributed, and form capillary reticular Textures in great numbers; and afterwards they are lost in the inner Substance of the Brain. The anterior and middle Branches produce the same kind of Ramifications, and the anterior in particular, sends a Twig to the Corpus Callosum.

80. THE subclavian Arteries are named from their Situation near the Claviculae, in the transverse direction of which they run. They are two in number, one Right, the other Left; and they arise from the Arch of the Aorta, on each side of the left Carotid, which commonly lies in the middle between them; but when both Carotids go out separately, they both lie between the Subclaviae. These Arteries terminate, or rather change their Name, above the middle of the two first Ribs, between the anterior Insertions of the Musculi Scaleni. *Arteria Subclavia.*

81. THE right Subclavian is larger at the beginning than the left, when it produces the right Carotid; its Origin is likewise more anterior and higher, because of the Obliquity of the Arch of the Aorta; for which reason also the left is shorter than the right, and runs more obliquely. Both of them are distributed much in the same manner; and therefore the Description of one may likewise be applied to the other.

82. THE right Subclavian, the longest of the two, gives off, first of all, small Arteries to the Mediastinum, Thymus, Pericardium, Aspera Arteria, &c. which are named Mediastinae, Thymicae, Pericardiae, and Tracheales. These small Arteries sometimes go out from the Subclavian itself, either separately, or by small common Trunks; sometimes they are Branches of the Mammaria interna, especially the Mediastina.

83. AFTERWARD this right Subclavian, at about a Finger's breadth from its Origin, often produces the common Carotid of the same side; and at a small Finger's breadth from the Carotid, it gives off commonly three considerable Branches, viz. the Mammaria interna, Cervicalis, and Vertebralis, and sometimes an intercostal Artery which goes to the first Ribs, called Intercostalis superior.

84. THE Arteria Thymica communicates with the Mammaria interna, and sometimes arises from the anterior middle part of the common Trunk of the Subclavian and Carotid. The Thymus receives likewise some Rami from the Mammaria interna, and Intercostalis superior. The same Observation may be applied to the Mediastina and Pericardia. *Arteria Thymica.*



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*Arteria Pericardia.*

85. THE Pericardia arises much in the same manner with the Thymica, and runs down upon the Pericardium all the way to the Diaphragm, to which it sends some small Ramifications.

*Arteria Mediastina.*

86. THE Mediastina arises sometimes immediately after the Thymica, and is distributed principally to the Mediastinum.

*Arteria Trachealis.*

87. THE Trachealis, which may likewise be named Gutturalis inferior, runs up from the Subclavia, in a winding Course, along the Aspera Arteria, to the Glandulæ Thyroidæ, and Larynx, detaching small Arteries to both sides, one of which runs to the upper part of the Scapula.

*Arteria Mammaria Interna.*

88. THE internal mammary Artery comes from the anterior and lower side of the Subclavia, near the middle of the Clavicula, and runs down for about one Finger's breadth, behind the Cartilages of the true Ribs, an Inch distant from the Sternum.

89. In its passage it sends Rami to the Thymus, Mediastinum, Pericardium, Pleura, and intercostal Muscles. It likewise detaches other Branches, through these Muscles, and between the Cartilages of the Ribs, to the Pectoralis Major, and other neighbouring muscular Portions, to the Mammæ, Membrana Adiposa and Skin.

90. SEVERAL of these Rami communicate by Anastomoses, with the Mammaria externa, and other Arteries of the Thorax, especially in the Substance of the Pectoralis Major, and likewise with the Intercostals. Afterwards it goes out of the Thorax on one side of the Appendix Eniformis, and is lost in the Musculus Abdominis Rectus, a little below its upper part; communicating at this place, by several small Ramifications with the Arteria Epigastrica; and in its Course, it gives Branches to the Peritonæum, and to the anterior Parts of the oblique and transverse Muscles of the Abdomen.

*Arteria Cervicalis.*

91. THE cervical Artery arises from the upper side of the Subclavian, and is presently afterwards divided into two, which come out sometimes separately, sometimes by a small common Trunk. The largest of these two Arteries is anterior, the other posterior.

92. THE anterior Cervicalis, running behind the Carotid of the same side, is distributed to the Musculus Coraco-Hyoidæus, Mastoidæus, Cutaneus, Sterno-Hyoidæus, and Sterno-Thyroidæus, to the jugular Glands, the Aspera Arteria, the Muscles of the Pharynx, Bronchia, Œsophagus and to the anterior Muscles, which move the Neck and Head. This Artery has been observed to send out the Intercostalis Superior.

93. THE posterior Cervicalis arises sometimes a little after the Vertebralis, and sometimes from that Artery. It passes under the transverse Apophysis of the last Vertebra of the Neck; and sometimes through a particular Hole in that Apophysis; and from thence runs up backward in a winding Course, on the vertebral Muscles of the Neck, and then returns in the same manner.

94. It communicates with a descending Branch of the occipital Artery, and with another of the vertebral Artery above the second Vertebra. It is distributed.

distributed to the Musculi Scaleni, Angularis Scapulae, and Trapezius, and to the jugular Glands and Integuments.

95. THE vertebral Artery goes out from the posterior and upper side of the Subclavian, almost opposite to the Mammaria Interna and Cervicalis. It runs up through all the Holes in the transverse Apophyses of the Vertebrae of the Neck, and in its passage sends off little Twigs through the lateral Notches of these Vertebrae, to the Medulla Spinalis and its Coverings. It also gives Arteries to the vertebral Muscles, and to other Muscles near them.

96. As it passes through the transverse Hole of the second Vertebra, it is generally incurvated, to accommodate it self to the particular Obliquity of this Foramen, mention'd in the Description of the Sceleton N<sup>o</sup> 479. And between this Hole and that in the first Vertebra, it takes another larger turn in a contrary direction to the former. Having passed the transverse Hole of the first Vertebra, it is considerably incurvated a third time, from before backwards, as it goes through the superior and posterior Notch in this Vertebra.

97. AT this third Curvature, it sends off a small Branch which is ramified on the outer and posterior Parts of the Occiput, and communicates with the Cervical and Occipital Arteries. Having afterwards reached the great Foramen of the Os Occipitis, it enters the Cranium and pierces the Dura Mater; and on these accounts it may be named Arteria Occipitalis posterior, to distinguish it from the other which is lateral.

98. As soon as it enters the Cranium, it sends several small Ramifications to the back part of the Medulla Oblongata, and to the Corpora Olivaria and Pyramidalia, which are likewise spread on the back sides of the fourth Ventricle of the Brain, and form the Plexus Choroides of the Cerebellum.

99. AFTERWARDS it advances on the Apophysis Basilaris of the Os Occipitis, inclining by small degrees toward the vertebral Artery of the other side, all the way to the Extremity of that Apophysis, where they both join in one common Trunk, which may be named Arteria Basilaris.

100. THE Arteria Basilaris runs forward under the great transverse Protuberance of the Medulla oblongata, to which it gives Ramifications, as well as to the neighbouring Parts of the Medulla. Sometimes this Artery divides again near the Extremity of the Apophysis Basilaris into two lateral Branches, which communicate with the posterior Branches of the two internal Carotides, and are lost in the posterior Lobe of the Brain.

101. THE spinal Arteries are two in number, one anterior and one posterior; both produced by both Vertebrales, each of which, as soon as it enters the Cranium, sends out a small Branch, by the Union of which, the posterior Spinalis is formed. Afterwards the Vertebrales advancing on the Apophysis Basilaris or Production of the Occipital Bone, detach backward two other small Branches, which likewise meet, and by their Union form the Spinalis Anterior. These spinal Arteries run down on the fore and back sides of the Medulla Spinalis, and by small transverse Ramifications, communicate with those which the Intercostal and Lumbar Arteries send to the same part.



## THE ANATOMY OF

*Arteria Auditoria Interna.*

102. THE internal auditory Artery goes off from each side of the Arteria Basilaris, to the Organ of Hearing, accompanying the auditory Nerve, having first furnished several small Twigs to the Membrana Arachnoidea.

*Arteria Meningea posterior.*

103. THE posterior Meningea arises from the same Trunk with the Auditoria Interna, and goes to the back part of the Dura Mater, on the Occipital and Temporal Bones, and likewise supplies the neighbouring Lobes of the Brain.

*Arteria Intercoastalis superior.*

104. WHEN the superior intercostal Artery does not go out from the Trunk of the Aorta Descendens, it commonly arises from the lower side of the Subclavian, and runs down on the inside of the two, three or four uppermost true Ribs, near their Heads, and sends off under each Rib, a Branch which runs along the lower Edge, and supplies the Intercostal Muscles and neighbouring Parts of the Pleura.

105. THESE Branches or particular Intercostal Arteries communicate with each other at different distances by small Rami, which run upward and downward from one to the other, on the Intercostal Muscles.

106. THEY likewise give Branches to the Musculi Sterno-Hyoidaei, Subclavius, Vertebrales, and Bodies of the Vertebrae; and also to the Pectoralis Major and Minor, piercing the Intercostal Muscles; and lastly, they send Branches through the Notches of the first four Vertebrae to the Medulla Spinalis and its Coverings.

107. SOMETIMES the superior common Intercostal Artery comes from the Cervicalis, and not immediately from the Subclavia. Sometimes it arises from the Aorta Descendens, either by small separate Arteries or by a common Trunk, which divides as it runs obliquely up upon the Ribs. Lastly, it sometimes arises from the nearest Bronchialis, or from several Bronchiales together.

*Ductus Arteriosus in Ligamentum versus.*

108. THE Ductus Arteriosus, which is found only in the Foetus and in very young Children, arises from the Aorta Descendens, immediately below the left Subclavian Artery. In Adults, this Duct is shrunk up and closed, and appears only like a short Ligament adhering by one end to the Aorta, and by the other to the Pulmonary Artery; so that in reality it deserves no other Name than that of Ligamentum Arteriosum.

*Arteria Bronchialis.*

109. THE Bronchial Arteries go sometimes from the foreside of the superior descending Aorta, sometimes from the first Intercostal, and sometimes from the Arteria Oesophagæa. Sometimes they arise separately from each side, to go to each Lung, and sometimes by a small common Trunk, which afterwards separates towards the right and left hand, at the Bifurcation of the Aspera Arteria, and accompany the Ramifications of the Bronchia.

110. THE Bronchial Artery on the left side often comes from the Aorta, while the other arises from the superior Intercostal on the same side, which Variety is owing to the Situation of the Aorta. Sometimes there is another Bronchial Artery which goes out from the Aorta posteriorly, near the superior Intercostal, above the Bronchialis anterior.

111. In the Year 1719, I observed a very plain communication of the Branches of the left pulmonary Vein, with the Rami of an Arteria Oesophagica, which came from the first left Intercoastal, together with a Branchial Artery of the same side.

112. THE Branchialis gives a small Branch to the neighbouring Auricle of the Heart, which communicates with the Arteria Coronaria.

113. In the Year 1719 or 1720, I discovered a communication between the left Branchial Artery and the Vena Azygos; and in the Month of August 1721, I saw a Branch of this Branchial Artery joined by an Anastomosis to the Body of the Azygos.

114. THE Oesophagicae are generally two or three in number, sometimes but one. They arise anteriorly from the Aorta Descendens, and are distributed to the Oesophagus, &c. Sometimes the uppermost Oesophagica produces a Branchial Artery.

115. THE inferior Intercoastals are commonly seven or eight on each side, and sometimes ten, when the superior Intercoastals arise likewise from the Aorta Descendens; in which Case these run obliquely upward, as has been already said.

116. THEY arise along the backside of the descending Aorta in Pairs, all the way to the Diaphragm, and run transversely toward each side, on the Bodies of the Vertebrae. Those on the right side pass behind the Vena Azygos; and afterwards they all run to the Intercoastal Muscles, along the lower Edge of the Ribs, all the way to the Sternum or near it.

117. THEY send Branches to the Pleura, to the vertebral Muscles, to those Muscles which lie on the outsides of the Ribs, and to the upper Portions of the Muscles of the Abdomen; and they communicate with the Arteriae Epigastricae and Lumbares.

118. SOMETIMES instead of going out from the Aorta in Pairs, they arise by small common Trunks, which afterwards divide, and send an Artery to each neighbouring Rib.

119. BEFORE they take their Course along the Ribs, each of them detaches one Branch between the transverse Apophyses on both sides, to the vertebral Muscles, and another which enters the great Canal of the Spina Dorsi. Each of these latter Branches divides at least into two small Arteries, one of which runs transversely on the anterior side of the Canal, the other on the posterior side. Both of them communicate with the like Arteries from the other side of the Spine, in such a manner, as to form a kind of arterial Rings, which likewise communicate with each other by other small Ramifications. The same is to be observed in the Arteriae Lumbares.

120. AFTERWARDS each Intercoastal Artery having reached the middle of the Rib or a little more, divides into two principal Branches, one internal, the other external. Soon after this Division, the Arteries that run upon the false Ribs, separate a little from them, being gradually bent downward one after another, and are spread upon the Abdominal Muscles. They are likewise distributed to other neighbouring Muscles, and particularly

Arteria Intercoastales Inferiores.



# THE ANATOMY OF

*Arteria Auditoria Interna.*

102. THE Internal Auditory Artery goes off from each side of the Arteria Basilaris, to the Organ of Hearing, accompanying the auditory Nerve, having first furnished several small Twigs to the Membrana Arachnoidea.

*Arteria Meningea posterior.*

103. THE posterior Meningea arises from the same Trunk with the Arteria Interna, and goes to the back part of the Dura Mater, on the Occipital and Temporal Bones, and likewise supplies the neighbouring Lobes of the Brain.

*Arteria Intercoastalis superior.*

104. WHEN the superior intercostal Artery does not go out from the Trunk of the Aorta Descendens, it commonly arises from the lower side of the Subclavian, and runs down on the inside of the two, three or four uppermost true Ribs, near their Heads, and sends off under each Rib, a Branch which runs along the lower Edge, and supplies the Intercostal Muscles and neighbouring Parts of the Pleura.

105. THESE Branches or particular Intercostal Arteries communicate with each other at different distances by small Rami, which run upward and downward from one to the other, on the Intercostal Muscles.

106. THEY likewise give Branches to the Musculi Sterno-Hyoidaei, Subclavius, Vertebrales, and Bodies of the Vertebrae; and also to the Pectoralis Major and Minor, piercing the Intercostal Muscles; and lastly, they send Branches through the Notches of the first four Vertebrae to the Medulla Spinalis and its Coverings.

107. SOMETIMES the superior common Intercostal Artery comes from the Cervicalis, and not immediately from the Subclavia. Sometimes it arises from the Aorta Descendens, either by small separate Arteries or by a common Trunk, which divides as it runs obliquely up upon the Ribs. Lastly, it sometimes arises from the nearest Bronchialis, or from several Bronchiales together.

*Ductus Arteriosus in Ligamentum versus.*

108. THE Ductus Arteriosus, which is found only in the Foetus and in very young Children, arises from the Aorta Descendens, immediately below the left Subclavian Artery. In Adults, this Duct is shrunk up and closed, and appears only like a short Ligament adhering by one end to the Aorta, and by the other to the Pulmonary Artery; so that in reality it deserves no other Name than that of Ligamentum Arteriosum.

*Arteria Bronchialis.*

109. THE Bronchial Arteries go sometimes from the foreside of the superior descending Aorta, sometimes from the first Intercostal, and sometimes from the Arteria Oesophagaea. Sometimes they arise separately from each side, to go to each Lung, and sometimes by a small common Trunk, which afterwards separates towards the right and left hand, at the Bifurcation of the Aspera Arteria, and accompany the Ramifications of the Bronchia.

110. THE Bronchial Artery on the left side often comes from the Aorta, while the other arises from the superior Intercostal on the same side, which Variety is owing to the Situation of the Aorta. Sometimes there is another Bronchial Artery which goes out from the Aorta posteriorly, near the superior Intercostal, above the Bronchialis anterior.

SECT. IV.

THE HUMAN BODY.

111. In the Year 1719, I observed a very plain communication of the Branches of the left pulmonary Vein, with the Rami of an Arteria Oesophagica, which came from the first left Intercoastal, together with a Bronchial Artery of the same side.

112. THE Bronchialis gives a small Branch to the neighbouring Auricle of the Heart, which communicates with the Arteria Coronaria.

113. In the Year 1719 or 1720, I discovered a communication between the left Bronchial Artery and the Vena Azygos; and in the Month of August 1721, I saw a Branch of this Bronchial Artery joined by an Anastomosis to the Body of the Azygos.

114. THE Oesophagicae are generally two or three in number, sometimes but one. They arise anteriorly from the Aorta Descendens, and are distributed to the Oesophagus, &c. Sometimes the uppermost Oesophagica produces a Bronchial Artery.

Arteria  
Oesophagi-  
ca.

115. THE inferior Intercoastals are commonly seven or eight on each side, and sometimes ten, when the superior Intercoastals arise likewise from the Aorta Descendens; in which Case these run obliquely upward, as has been already said.

Arteria In-  
tercoastales  
Inferiores.

116. THEY arise along the backside of the descending Aorta in Pairs, all the way to the Diaphragm, and run transversely toward each side, on the Bodies of the Vertebrae. Those on the right side pass behind the Vena Azygos; and afterwards they all run to the Intercoastal Muscles, along the lower Edge of the Ribs, all the way to the Sternum or near it.

117. THEY send Branches to the Pleura, to the vertebral Muscles, to those Muscles which lie on the outsides of the Ribs, and to the upper Portions of the Muscles of the Abdomen; and they communicate with the Arteriae Epigastricae and Lumbares.

118. SOMETIMES instead of going out from the Aorta in Pairs, they arise by small common Trunks, which afterwards divide, and send an Artery to each neighbouring Rib.

119. BEFORE they take their Course along the Ribs, each of them detaches one Branch between the transverse Apophyses on both sides, to the vertebral Muscles, and another which enters the great Canal of the Spina Dorsi. Each of these latter Branches divides at least into two small Arteries, one of which runs transversely on the anterior side of the Canal, the other on the posterior side. Both of them communicate with the like Arteries from the other side of the Spine, in such a manner, as to form a kind of arterial Rings, which likewise communicate with each other by other small Ramifications. The same is to be observed in the Arteriae Lumbares.

120. AFTERWARDS each Intercoastal Artery having reached the middle of the Rib or a little more, divides into two principal Branches, one internal, the other external. Soon after this Division, the Arteries that run upon the false Ribs, separate a little from them, being gradually bent downward one after another, and are spread upon the Abdominal Muscles. They are likewise distributed to other neighbouring Muscles, and particularly



to those of the Diaphragm, almost in the same manner with the Arteriæ Phrenicæ. They also communicate with the Lumbares, and sometimes with Branches of the Hypogastricæ.

*Arteria  
Axillares.*

121. THE Subclavian Artery having left the Thorax immediately above the first Rib, in the Interstice left between the Portions of the Scalenus, there receives the name of Axillaris, because it passes under the Axilla.

122. IN this Course it gives off from its inside, a small Branch to the inside of the first Rib; and afterwards, four or five principal Branches, viz. The Thoracica Superior or Mammaria Externa, Thoracica Inferior, Muscularis or Scapularis Externa, Scapularis Interna, and Humeralis.

*Arteria Tho-  
racica Supe-  
rior.*

123. THE superiour Thoracica or external mammary Artery, runs down in a winding Course on the lateral parts of the Thorax, and crosses the Ribs. It gives Branches to the two pectoral Muscles, to the Mamma, Musculus Subclavius, Serratus Major, Latissimus Dorsi, and to the upper Portions of the Coraco-Brachialis and Biceps.

124. THESE Branches are sometimes separate for some space; and one of them in particular runs down between the Deltoides and Pectoralis Major, together with the Vena Cephalica to which it adheres very closely, the Extremity of it piercing the Coat of that Vein, as if there were an Anastomosis between them. Another sometimes runs between the Musculus Brachialis and Anconæus Internus, which communicates with a Branch of the Radial Artery.

*Arteria Tho-  
racica Infe-  
rior.*

125. THE inferior Thoracic Artery runs along the inferior Costa of the Scapula, to the Musculus Subscapularis, Teres Major and Minor, Infra-Spinatus, Latissimus Dorsi, Serratus Major, and the neighbouring Intercostal Muscles, communicating with the Arteriæ Scapulares.

*Arteria Sca-  
pulares.*

126. THE external Scapular Artery passes through the Notch in the superior Costa of the Scapula, to the Musculus Supra-spinatus and Infra-spinatus, Teres Major and Minor, and to the Articulation of the Scapula, with the Os Humeri.

127. THE internal Scapularis arises from the Axillary Artery near the Axilla, and runs backward, to be distributed to the Subscapularis, giving Branches to the Serratus Major, to the Axillary Glands, and to the Teres Major, upon which it is ramified in different manners. It likewise sends Rami to the Infra-Spinatus and upper Portion of the Anconæi.

*Arteria  
Humeralis.*

128. THE humeral Artery arises from the lower and forefide of the Axillaris, and runs backward between the Head of the Os Humeri and Teres Major, surrounding the Articulation, till it reaches the posterioir part of the Deltoides to which it is distributed.

129. DURING this Course, it gives several Branches to the superior Portions of the Anconæi, to the Capsular Ligament of the Joint of the Shoulder, and to the Os Humeri itself, through several Holes immediately below the great Tuberosity of the Head of that Bone. It likewise communicates with the Scapular Artery.

130. OPPOSITE to the Origin of this humeral Artery, the Axillaris sends off another small Branch, which runs in a contrary direction between the

the Head of the Os Humeri and the common upper part of the Biceps and Coraco-Brachialis; and having given Branches to the Vagina and Channel of the Biceps, and to the Periosteum, afterwards joins the principal Humeralis.

131. THE Axillary Artery having given off these Branches, passes immediately behind the Tendon of the Pectoralis Major, where it changes its former Name for that of Arteria Brachialis. It runs down on the inside of the Arm over the Musculus Coraco-Brachialis, and Anconæus Internus, and along the inner Edge of the Biceps behind the Vena Basilica, giving small Branches on both sides to the neighbouring Muscles, to the Periosteum, and to the Bone.

132. BETWEEN the Axilla and middle of the Arm, it is covered only by the Skin and Fat; but afterwards it is hid under the Biceps, and runs obliquely forward as it descends; being at some distance from the internal Condyle, but it does not reach the middle of the Fold of the Arm.

133. BETWEEN the Axilla and this place, it sends off many Branches to the Infra-Spinatus, Teres Major and Minor, Subscapularis, Latissimus Dorsi, Serratus Major, and other neighbouring Muscles, to the common Integuments and even to the Nerves. Below the Fold of the Arm, it divides into two principal Branches, one called Arteria Cubitalis, the other Radialis.

134. FROM its upper and inner part it sends off a particular Branch, which runs obliquely downward and backward over the Anconæi, and then turns forward again near the external Condyle, where it communicates with a Branch of the Arteria Radialis.

135. IMMEDIATELY below the Insertion of the Teres Major, it gives off another Branch, which runs from within outwards, and from behind forward, round the Os Humeri; and descends obliquely forward between the Musculus Brachialis, and Anconæus Externus, to both which it is distributed in its passage. Having afterwards reached the external Condyle, it unites with the Branch last mentioned, and likewise communicates with a Branch of the Arteries of the Fore-Arm, so that there is here a triple Anastomosis.

136. ABOUT the breadth of a Finger below this second Branch, the Brachial Artery sends off a third, which runs down toward the internal Condyle, and communicates with other Branches of the Arteries of the Fore-Arm, as we shall see hereafter.

137. ABOUT the middle of the Arm, or a little lower, much about the place where the Brachial Artery begins to be covered by the Biceps; it sends off a Branch, which is distributed to the Periosteum, and penetrates the Bone, between the Musculus Brachialis and Anconæus Internus.

138. ABOUT an Inch lower, it gives off another Branch, which having furnished Ramifications to the Anconæus Internus, runs over the inner Condyle, and likewise communicates with Branches of the Arteries of the Fore-Arm.

139. HAVING got below the middle of the Arm, the Brachial Artery detaches another Branch which runs behind the inner Condyle in company with a considerable Nerve; and having passed over the Muscles inserted in this Condyle,



Condyle, it communicates with that Branch of the Cubital Artery, which encompasses the Fold of the Arm.

140. A little lower, it sometimes sends out another Branch which passes the fore-side of the inner Condyle, and then communicates with a Branch which runs up from the Cubital Artery. These three communicating Branches are termed Collateral Arteries.

141. THE common Trunk of the Brachial Artery having reached the Fold of the Arm, runs together with a Vein and a Nerve immediately under the Aponeurosis of the Biceps, and passes under the Vena Mediana, detaching Branches on each side to the neighbouring Muscles.

142. ABOUT a large Finger's breadth beyond the Fold of the Arm, this Artery divides into two principal Branches, one inner or posterior, named Cubitalis; the other outer or anterior, named Radialis, as has been already said.

143. FROM this Bifurcation, the Brachial Artery sends Branches on each side, to the Supinator Longus, Pronator Teres, Fat and Skin. It sometimes tho' very rarely happens, that this Artery is divided from its Origin into two large Branches, which run down on the Arm, and afterwards on the Fore-Arm, where they have the Names of Cubitalis and Radialis.

*Arteria Cubitalis.*

144. THE Cubital Artery sinks in between the Ulna, and the upper Parts of the Pronator Teres, Perforatus, Ulnaris Gracilis, and Radialis Internus; then leaving the Bone, it runs down between the Perforatus and Ulnaris Internus, all the way to the Carpus and great transverse Ligament. In this Course it winds and turns several ways and sends out several Branches.

145. THE first is a small Artery which runs inward to the inner Condyle, and then turns upward like a kind of Recurrent, to communicate by several Branches with the Collateral Arteries of the Arm already mentioned, and particularly with the third. A little lower down, another small Branch goes off, which having run upward a little way, and almost surrounded the Articulation, communicates with the second collateral Artery of the Arm, between the Olecranon and inner Condyle.

146. AFTERWARDS the Cubital Artery having in its Course between the Heads of the Ulna and Radius, reached the Interosseous Ligament, sends off two principal Branches, one internal, the other external, which I call the Interosseous Arteries of the Fore-Arm.

147. THE external Artery pierces the Ligament about three Fingers breadth below the Articulation; and presently afterward, gives off a Branch, which runs up like a Recurrent toward the external Condyle of the Os Humeri under the Ulnaris externus, and Anconæus minimus, to which it is distributed, as also to the Supinator Brevis; and it communicates with the Collateral Arteries of the Arm on the same side.

148. AFTERWARD this external interosseous Artery runs down on the Outside of the Ligament, and is distributed to the Ulnaris externus, Extensor Digitorum communis, and to the Extensores Pollicis, Indicis and minimi Digiti; communicating with some Branches of the internal interosseous Artery.

149. HAVING reached the lower Extremity of the Ulna, it unites with a Branch of the internal interosseous Artery, which at this place runs from within outward, and is distributed together with it on the convex side of the Carpus and Back of the Hand; communicating with the Arteria Radialis and with a Branch of the Cubitalis which will be mentioned hereafter.

150. By these Communications, this Artery forms a sort of irregular Arch, from whence Branches are detached to the external interosseous Muscles, and to the external lateral parts of the Fingers.

151. THE internal interosseous Artery runs down very close to the Ligament, till it reaches below the Pronator Teres, between which and the Pronator Quadratus, it perforates the Ligament, and goes to the convex side of the Carpus and Back of the Hand, where it communicates with the external interosseous Artery, with the Radialis and internal Branches of the Cubitalis.

152. FROM the Origin of the two Interosseæ, the cubital Artery runs down between the Perforatus, Perforans, and Ulnaris Internus, along the Ulna, sending Branches to the neighbouring parts. Below the internal Interosseæ, it sometimes sends off a Branch which runs down between the Flexor Pollicis, Radialis Internus and Perforatus, to which it is distributed all the way to the Carpus, where it runs under the internal annular Ligament and communicates on the Hand with Branches of the Arteria Radialis.

153. AFTERWARD the cubital Artery passes over the internal transverse Ligament of the Carpus, by the side of the Os Pisiforme, and having furnished the Skin, Palmaris Brevis and Metacarpus, it slips under the Aponeurosis Palmaris, giving off one Branch to the Hypothenar Minimi Digiti, and another which runs towards the Thumb between the Tendons of the Flexors of the Fingers, and the Bases of the metacarpal Bones.

154. It likewise sends off a Branch, which running between the third and fourth Bones of the Metacarpus, reaches to the Back of the Hand, where it communicates with the external interosseous Artery. Afterwards having supplied the interosseous Muscles, it communicates with the Radialis; and they both form an arterial Arch in the hollow of the Hand in the following manner.

155. THE Cubitalis having got about two Fingers breadth beyond the internal annular Ligament of the Carpus, forms an Arch, the convex side of which is turned to the Fingers, and commonly sends off three or four Branches. The first goes to the inner and back part of the little Finger; and is sometimes a Continuation or Production of that Branch which goes to the Hypothenar.

156. THE other three Branches run in the Interstices of the four metacarpal Bones, near the Heads of which, each of them is divided into two Branches, which pass along the two internal lateral parts of each Finger, from the fore side of the little Finger to the posterior side of the Index inclusively; and at the ends of the Fingers, these digital Arteries communicate and unite with each other.



157. SOMETIMES the Arch of the cubital Artery terminates by a particular Branch in the middle Finger, and in that case it communicates with the radial Artery which makes up what the other wants.

158. This Arch sends likewise from its concave Side, toward the second Phalanx of the Thumb, a Branch for the lateral internal part thereof, and then ends near the Head of the first metacarpal Bone, by a Communication with the Radialis, having first given a Branch to the fore-side of the Index, and another to the side of the Thumb next the former. These communicate at the ends of the Fingers with the neighbouring Branches, as in the other Fingers.

159. THIS Arch sends likewise small Twigs to the interosseous Muscles, to the Lumbricales, Palmaris, and to other neighbouring Parts; and lastly, to the Integuments.

*Arteria Radialis.*

160. THE radial Artery begins by detaching a small Branch which runs upward like a Recurrent, toward the fold of the Arm, and turns backward round the external Condyle, communicating with the neighbouring Branches from the Trunk of the brachial Artery, especially with the first collateral Branch on that side.

161. IT runs down along the inside of the Radius, between the Supinator Longus, Pronator Teres, and the Integuments, giving Branches to these Muscles, and likewise to the Perforatus, Perforans and Supinator Brevis. From thence it runs in a winding Course toward the Extremity of the Radius, supplying the Flexors of the Thumb and Pronator Quadratus.

162. HAVING reached the Extremity of the Radius, it runs nearer the Skin, especially toward the anterior Edge of the Bone, being the Artery which we there feel when we examine the Pulse.

163. AT the end of the Radius, it gives off a Branch to the Thumb; and after having communicated with the Arch of the cubital Artery in the Palm of the Hand, and sent off some cutaneous Branches at that place, it detaches one, along the whole internal lateral part of the Thumb.

164. AFTERWARDS it runs between the first Phalanx and Tendons of the Thumb, to the Interstice between the Basis of this first Phalanx and of the first metacarpal Bone, where it turns toward the hollow of the Hand.

165. AT this turning, it sends off a Branch to the external lateral part of the Thumb, which having reached the end thereof, communicates by a small Arch with the Branch which goes to the internal lateral Part.

166. IT likewise sends Branches outward, which run more or less transversely between the first two Bones of the Metacarpus and the two Tendons of the Radialis Externus; and it communicates with an opposite Branch of the Cubitalis, together with which it furnishes the external interosseous Muscles and Integuments of the Back of the Hand and convex Side of the Carpus.

167. Lastly, the radial Artery terminates, in its Passage over the semi-interosseous Muscle of the Index, near the Basis of the first metacarpal Bone, and as it runs under the Tendons of the Flexor Muscles of the Fingers, where it is joined to the Arch of the Cubitalis.

168. IT

168. IT sends off another Branch which runs along the fore part of the first Bone of the Metacarpus, to the convex Side of the Index, where it is lost in the Integuments.

169. IT gives likewise a Branch to the internal lateral part of the Index, which at the end of that Finger, joins an opposite Branch which comes from the Arch of the Cubitalis. It also sends off a small Branch cross the internal interosseous Muscles, where it forms a kind of small irregular Arch, which communicates with the great Arch by several small arterial Rami.

170. WHEN the Arch of the Cubitalis ends at the middle Finger, the Radialis runs along the inner or concave part of the first metacarpal Bone, at the Head of which it terminates by two Branches.

171. ONE of these Branches runs along the inner and anterior lateral part of the Index; the other passes between the Flexor Tendons of this Finger and the metacarpal Bone, and having communicated with the cubital Branch of the middle Finger, it advances on the posterior lateral part of the Index all the way to the end of that Finger, where it unites again with the first Branch.

172. The left Diaphragmatic Artery goes out commonly from the Aorta Descendens, as it passes between the Crura of the small Muscle of the Diaphragm. The right Diaphragmatic comes sometimes from the nearest Lumbar Artery, but most commonly from the Cœliaca. Sometimes both these Arteries arise by a small common Trunk immediately from the Aorta. They likewise have the Name of *Arteriæ Phrenicæ*.

*Arteria  
Diaphrag-  
matica.*

173. THEY appear almost always in several Ramifications on the concave or lower side of the Diaphragm, and seldom on the upper or convex side. They give small Branches to the Glandulæ Renales or Capsulæ Atrabiliaræ, which sometimes communicate with the other Arteries that go to the same Part.

174. THEY send likewise small Branches to the Fat which lies upon the Kidneys, called the *Membrana Adiposa*, from whence they have the Name of *Arteriæ Adiposæ*; and they sometimes come immediately from the Trunk of the Aorta on one side of the *Mesenterica Superior*.

175. BESIDES these capital Diaphragmatic Arteries, there are others of a subordinate Class, which come from the *Intercostales*, *Mammariæ Internæ*, *Mediastinæ*, *Pericardiæ* and *Cœliaca*, as is observed in the Description of each of these Arteries.

176. THE Cœliac Artery arises anteriorly and a little to the left hand, from the Aorta Descendens, immediately after its passage through the small Muscle of the Diaphragm, nearly opposite to the Cartilage between the last Vertebra of the Back and first of the Loins. The Trunk of this Artery is very short; and near its Origin, it sends off from the right Side two small Diaphragmaticæ, tho' sometimes there is only one which goes to the right hand, and is afterwards distributed both ways; communicating with the other Arteries of the same name which come from the *Intercostales* and *Mammariæ*. The left Branch sends Rami to the superior Orifice of the Stomach and to the Glandula Renalis on the same side; the right furnishes the Pylorus, and the Renal Gland on the right side.

*Arteria  
Cœliaca.*



177. IMMEDIATELY after this, the Cæliaca gives off a considerable Branch, named *Arteria Ventriculi Coronaria*, and *Gastrica*, or *Gastrica superior*; and then it presently divides into two large Branches, one toward the right hand, named *Arteria Hepatica*; the other to the left, called *Splenica*, which is larger than the former.

178. SOMETIMES this Artery is divided into these three Branches at the same place, very near its Origin; the Trunk going out from the Aorta almost in a straight Line, and the Branches from the Trunk almost at Right Angles, like Radii from an Axis, whence this Trunk has been called *Axis Arteriæ Cæliacæ*.

*Arteria Ventriculi Coronaria.*

179. THE Coronary Artery of the Stomach goes first to the left side of that Organ, a little beyond the superiour Orifice; round which Orifice it throws Branches, and also to every part of the Stomach near it; and these Branches communicate with those which run along the bottom of the Stomach to the Pylorus.

180. AFTERWARDS it runs on the right side, of the superiour Orifice, along the small Curvature of the Stomach, almost to the Pylorus, where it communicates with the *Arteria Pylorica*; and turning, towards the small Lobe of the Liver, it gives off some Branches to it.

181. THEN it advances, under the *Ductus Venosus*, to the left Lobe of the Liver, in which it loses itself near the beginning of the just-mentioned Duct, having first given off some small Branches to the neighbouring Parts of the Diaphragm and Omentum.

*Arteria Hepatica.*

182. AS soon as the Hepatic Artery leaves the Cæliaca, it runs to the upper and inner part of the Pylorus, in company with the *Vena Portæ*, sending off two Branches, a small one called *Arteria Pylorica*, and a large one named *Gastrica Dextra*, or *Gastrica Major*.

183. THE *Pylorica* is ramified on the Pylorus, from whence it has its Name; and having distributed Branches to the neighbouring parts of the Stomach, which communicate with those of the right *Gastrica*, it terminates on the Pylorus, by an Anastomosis with the Coronary Artery of the Stomach.

184. THE right Gastric Artery having passed behind and beyond the Pylorus, sends out a considerable Branch named *Arteria Duodenalis*, or *Intestinalis*, which sometimes comes from the Trunk of the Hepatica, as we shall see hereafter. Afterwards this Gastric Artery runs along the right side of the great Curvature of the Stomach, to the neighbouring Parts of which, on both sides, it distributes Branches.

185. THESE Branches communicate with those of the *Arteria Pylorica*, and of the *Coronaria Ventriculi*, and with the right *Gastro-Epiploicæ*, which furnish the nearest Parts of the Omentum, and communicate with the *Mesenterica Superior*. After this, the right Gastric Artery ends in the left, which is a Branch of the *Splenica*.

186. THE Duodenal or Intestinal Artery runs along the Duodenum on the side next the Pancreas; to both which it furnishes Branches, and also to the

the neighbouring part of the Stomach. Sometimes this Artery goes out from the Mesenterica Superior, and sometimes it is double.

187. THE Hepatic Artery having sent out the Pylorica and right Gastrica, advances behind the Ductus Hepaticus, toward the Vesicula Fellea, to which it gives two principal Branches called Arteriæ Cysticæ; and another named Biliaria, which is lost in the great Lobe of the Liver.

188. AFTERWARDS, this Artery enters the Fissure of the Liver, and joins the Vena Portæ, with which it runs within a membranous Vagina called Capsula Glissoni, and accompanies it through the whole Substance of the Liver by numerous Ramifications, which may be termed Arteriæ Hepaticæ Propriæ.

189. BEFORE it enters the Liver, it gives small Branches to the external Membrane of this Viscus, and to the Capsula Glissoni. The Gastric and proper Hepatic Arteries come sometimes from the Mesenterica Superior, when the ordinary Ramifications are wanting.

190. IMMEDIATELY after the Origin of the Splemic Artery from the Arteria Cæliaca, it runs toward the left hand, under the Stomach and Pancreas, to the Spleen. It adheres closely to the posterior part of the lower side of the Pancreas, to which it gives several Branches named Arteriæ Pancreaticæ. *Arteria Splenica.*

191. NEAR the Extremity of the Pancreas, under the left Portion of the Stomach, the Splemic Artery gives off a principal Branch called Gastrica Sinistra or Minor, which runs from left to right along the left Portion of the great Curvature of the Stomach, giving Branches to both sides of this Portion, which communicate with those of the Coronaria Ventriculi.

192. THIS Gastric Artery sends likewise another Branch, at least, to the Extremity of the Pancreas, which communicates with the other Pancreatic Arteries. It also supplies the Omentum with Branches, termed Gastro-Epiploicæ Sinistræ; and then it communicates with the right Gastrica, and from this Union, the Gastro-Epiploicæ Mediæ are produced.

193. From this Detail we learn that the Arteria Coronaria Ventriculi Pylorica, Intestinalis, both Gastricæ, Gastro-Epiploicæ, and consequently the Hepatica, Splenica and Mesenterica, communicate all together.

194. AFTERWARDS, the Splemic Artery advances towards the Spleen, in a course more or less contorted; but before it arrives at that Viscus, it gives two or three Branches to the large Extremity of the Stomach, commonly called Vasa Brevia; and one to the Omentum, named Epiploica.

195. AT the Spleen, this Artery divides into four or five Branches, which enter that Viscus, after having given some small Twigs to the neighbouring Parts of the Stomach and Omentum.

196. THE superiour Mesenteric Artery arises anteriorly from the lower Portion of the descending Aorta, a very little way below the Cæliaca, going out a little towards the right hand, but bending immediately afterwards to the left. *Arteria Mesenterica Superior.*

197. NEAR its Origin, it gives off a small Branch, which dividing into two, goes to the lower side of the Head of the Pancreas, and neighbouring part.



part of the Duodenum, communicating with the Intestinalis by small Arches, and Areolæ or Masles.

198. AFTERWARDS it passes over the Duodenum, between this Intestine and the Mesenteric Vein, between the two Laminæ of the Mesentery; and then bending in an oblique Direction from left to right, and from above downward, by very small degrees, it advances toward the extremity of the Ileum. By this Incurvation, it forms a kind of long Arch, from the convex side of which a great many Branches go out.

199. THESE Branches are sixteen or eighteen in number, or thereabouts, and almost all of them are bestowed on the small Intestines, from the lower third part of the Duodenum to the Cæcum and Colon. The first Branches are very short, and from thence they increase gradually in length all the way to the middle of the Arch; the rest diminishing again by small degrees.

200. As they approach the Intestines, all these Branches communicate first by reciprocal Arches; then by Areolæ and Masles of all kinds of figures, from which is detached an infinite number of small Ramifications, which surround the intestinal Canal, like an annular Piece of Net-work.

201. THESE Arches and Masles increase in number proportionably to the length of the Branches; and their Size diminishes gradually as they approach the Intestines.

202. THE first Branches from the convex side of the Mesenteric Arch, which are very short, supply the Pancreas and Mesocolon, and communicate with the Duodenal Artery. The last Branches go to the Appendicula Vermiformis, and send a Portion of an Arch to the beginning of the Colon.

203. THE considerable Branches from the concave side of the Mesenteric Arch, are seldom above two or three in number; but before they arise, a small Ramus goes out to the Duodenum, and gives some very small Arteries to the Pancreas.

204. THE first considerable Branch from the concave side of the Arch goes into the Mesocolon towards the right Portion of the Colon, being first divided into two Rami; the first of which runs along the whole superior part of the Colon, where it forms the famous Communication with the Mesenterica Inferior; and might be named Arteria Colica Superior. The other Ramus of this Branch runs down on the right Portion of the Colon.

205. THE second principal Branch having run for some space through the Mesentery, divides into three Rami; the first of which goes to the lower part of the right Portion of the Colon, where it communicates with the second Ramus of the first Branch; the second goes to the beginning of the Colon, where it communicates with the first, and to the Intestinum Cæcum.

206. THE third Ramus of this second Branch, having communicated with the second, gives small Twigs to the Cæcum, Appendicula Vermiformis, and Extremity of the Ileum. Afterwards it communicates with the Extremity of the Arch, or curve Trunk of the superior Mesenteric.

207. ALL these Communications are by Arches and Masses, as in those Branches that come from the convex side of the Arch; and it is to be observed in general, that all the Branches of the Mesenterica Superior are disposed according to the Folds of the Mesentery and Circumvolutions of the Intestines; giving off Branches, through their whole course, to the Laminae of the Mesentery, its cellular Substance, and to the Mesenteric Glands.

208. THE lower Mesenteric Artery goes out anteriorly from the Aorta Descendens Inferior, about a Finger's breadth or more above the Bifurcation, and below the spermatic Arteries; and having run about the length of an Inch, or something more, it is divided into three or four Branches, which gradually separate from each other. *Arteria Mesenterica Inferior.*

209. THE first or superior Branch, about an Inch from its Origin, divides into two Rami; the first of which runs along the left Portion of the Colon, and forms the Communication of the two Mesenteric Arteries, already mentioned. It may be named Arteria Colica Sinistra. The second Ramus having communicated with the first, runs down upon the same Portion of the Colon.

210. THE middle Branch having run the same length with the first, divides into two Rami; one of which passes upward on the extremity of the Colon, communicating by Arches with the second Ramus of the superior Branch; the other runs down on the extremity of the same Intestine.

211. WHEN there is another middle Branch, it goes to the first part of the double Curvature of the Colon, by a like Distribution and Communication from above downward.

212. THE lower Branch goes to the second Portion of the Colon, or to both, when the second middle Branch is wanting, and sends up a Ramus, which communicates with the foregoing.

213. IT sends another considerable Branch downward, called Arteria Haemorrhoidalis Interna, which runs down behind the Intestinum Rectum, to which it is distributed by several Ramifications, and it communicates with the Arteria Hypogastrica.

214. THE Renal Arteries, called commonly Emulgents, are ordinarily two in number, and go out laterally from the inferior descending Aorta, immediately under the Mesenterica Superior, one to the right hand, the other to the left. The right is situated more backward, and is longer than the left, because of the Vena Cava, which lies on the right side between the Aorta and the Kidney. *Arteria Renales.*

215. THEY run commonly without division, and almost horizontally to the Kidneys, into the Depressions of which they enter by several Branches, which form Arches in the inner Substance of these Viscera.

216. FROM these Arches, numerous small Rami go out toward the Circumference or outer Surface of the Kidneys. Sometimes there is more than one Artery on each side; sometimes this Augmentation is only on one side, and these supernumerary Arteries come sometimes immediately from the Aorta, and enter at the upper or lower part of the Kidneys.



217. ORDINARILY, the right Renal Artery passes behind the Vena Cava and Renal Vein on the other side; and the left Artery, first behind and then before the Vein. Sometimes they send Branches to the Glandulæ Renales, Membrana Adiposæ of the Kidneys, and even to the Diaphragm.

*Arteria  
Capsulares.*

218. THE Arteries of the Renal Glands, which may be termed *Arteriæ Capsulares*, arise sometimes from the Aorta above the *Arteria Renalis*, and give out the *Arteriæ Adiposæ*, which go to the Fat of the Kidneys. Sometimes they come from the Trunk of the *Cæliaca*. The right Capsular Artery comes most commonly from the *Arteria Renalis* of the same side, near its Origin; the left, from the Aorta above the *Renalis*.

*Arteria  
Spermatica.*

219. THE Spermatic Arteries are commonly two in number, sometimes more. They are very small, and go out anteriorly from the Aorta Descendens Inferior, near each other, about a Finger's breadth below the *Arteriæ Renales*, more or less, between the two *Mesentericæ*, or between the *Renales* and *Mesentericæ Inferiores*. Sometimes one is higher, or placed more laterally than the other.

220. THEY send off to the common Membrane of the Kidneys, small Branches named *Arteriæ Adiposæ*; and afterwards they run down upon the *Psoas Muscles*, on the fore-side the Ureters, between the two *Laminæ* of the *Peritonæum*.

221. THEY give several considerable Branches to the *Peritonæum*, chiefly to those Parts of it which are next the Mesentery, and they communicate both with the *Mesentericæ* and *Adiposæ*. They likewise send small Arteries to the Ureters.

222. AFTERWARDS, they pass in Men through the Tendinous Openings of the Abdominal Muscles in the Vagina of the *Peritonæum*, and are distributed to the Testicles and Epididymes, where they communicate with a Branch of the *Hiaca externa*.

223. IN Women they do not go out of the Abdomen, but are distributed to the Ovaria and Uterus, and communicate with Branches of the *Hypogastrica*, at the jagged Extremities of the *Tubæ Falloppianæ*.

*Arteria  
Lumbares.*

224. THE Lumbar Arteries go out posteriorly from the inferior descending Aorta, in five or six Pairs, or more, much in the same manner with the Intercostals.

225. THEY may be divided into Superiour and Inferiour. The Superiour send small Branches to the neighbouring Parts of the Diaphragm and Intercostal Muscles, and supply the place of Semi-intercostal Arteries. Sometimes those Pairs go out by a small common Trunk, and not separately.

226. THEY are distributed on each side to the *Psoas Muscles*, to the *Quadrati Lumborum*, and to the oblique and transverse Muscles of the Abdomen; and by perforating the oblique Muscles, they become external *Hypogastric Arteries*. They go likewise to the Vertebral Muscles, and to the Bodies of the Vertebrae, and enter the Spinal Canal through the lateral Notches, to go to the Membranes, &c. forming Rings much in the same manner with the Intercostals; and they likewise give small Twigs to the Nerves.

227. THE Arteriz Sacrae go out commonly from the back part of the inferior descending Aorta, at the Bifurcation. Sometimes they arise higher, from the Lumbares, and sometimes lower, from the Iliacæ. They are two, three or four in number, and sometimes but one. They are ramified on the Os Sacrum, and on the neighbouring Parts of the Peritonæum, Intestinum Rectum, Fat, &c. and enter the Canal of that Bone through the anterior Holes, being there distributed toward each side. They likewise send small Arteries to the large Fasciculi of Nerves, which go out through the Holes of the Os Sacrum, and they penetrate the inner Substance of that Bone.

228. THE inferior descending Aorta ends at the last Vertebra of the Loins, and sometimes higher, in two large lateral Branches, one on the right hand, the other on the left, called Arteriz Iliacæ; each of which is a common Trunk to two other Arteries of the same Name. This Bifurcation lies on the anterior and left side of that of the Vena Cava.

229. THE primitive Iliac Arteries divaricate gradually as they descend, advancing obliquely toward the anterior and lower part of the Ossa Ilium, without any considerable Ramification for about the breadth of three Fingers, except a few very small Arteries that go to the Os Sacrum, some of which enter by the upper Holes, and are distributed like the Arteriz Sacrae, while others emerge again through the posterior Holes, and go to the neighbouring Muscles, &c. They likewise give small Arteries to the Peritonæum, to the Coats of the Veins, and to the Fat and Ureters, behind which the Iliac Trunks pass.

230. THE right Iliac Trunk passes first, on the Foreside of the Origin of the left Iliac Vein, and runs down on the foreside of the right Vein, almost to the place where it goes out of the Abdomen, its Course being there directed more inwardly. The left Trunk goes down likewise before the left Vein, but lies a little toward the inside as it leaves the Abdomen.

231. ABOUT three Fingers breadth from their Origin, each Iliac Trunk is divided into two secondary Arteries, one external, the other internal. The external Artery has no particular Name; the internal is termed Hypogastrica, which often appears to be no more than a Branch of the other, in Adults; but in young Children, and especially in the Foetus, the Hypogastric Artery looks like the Trunk, and the other like a Branch.

232. THE external Iliaca on each side runs down on the Iliac Muscle to the Ligamentum Fallopii, under which it goes out of the Abdomen. In this Course, it gives off only a few small Arteries, to the Peritonæum and other Parts near it, but as it passes out of the Abdomen under the Ligament, it detaches two considerable Branches, one internal, the other external.

233. THE internal Branch is named Arteria Epigastrica, and goes out anteriorly from the external Iliaca. From thence it runs obliquely upward on the Tendon of the transverse Muscle toward the posterior part of the Rectus, which it reaches about two or three Fingers breadth above the Os Pubis.

234. AFTERWARDS the Epigastric Artery runs up along the posterior or inner side of this Muscle, sending Ramifications to the Tendons of the neighbouring



bouring Muscles, &c. and then loses it self by a true Anastomosis of several Ramifications, with the Mammaria interna. It likewise communicates with the inferiour Intercostals which are spread on the Abdomen.

235. It sometimes gives out two particular Branches, one of which accompany'd by a Nerve, goes through the Foramen Ovale of the Pelvis to the Triceps Muscles, &c. the other runs down to the Testicles along with the spermatic Artery, and there communicates with it.

236. THE external Branch of the outer Iliac goes off laterally from the Outside of that Artery under the Ligamentum Fallopii, and from thence to the internal Labium of the Os Ilium, where it divides into two, and is ramified on the oblique and transverse Muscles of the Abdomen, communicating with the Arteria Lumbaris.

237. BESIDES these two Branches, the external Iliac gives off a small Ramus internally, under the Ligament, which runs to the Vagina of the spermatic Rope; and sometimes another small Twig goes from the Outside, to the Os Ilium.

238. THE internal Iliac or Hypogastrica, having run a little more than a Finger's breadth inward and backward, bends by small degrees obliquely forward, and toward the outside; and afterwards contracting in its Dimensions, it ends in the Umbilical Artery, which ought to be look'd upon as a true Continuation of the Trunk of the Hypogastrica.

239. THIS Arteria Umbilicalis ascends on the side of the Bladder, and having detached small Rami to that Viscus and to the neighbouring Parts of the Peritonæum, &c. it contracts, and in Adults is quite closed up, above the middle of the Bladder. It likewise gives Branches to the Uterus and to the neighbouring Parts in both Sexes. Afterwards it ascends in form of a Ligament to the Umbilicus, where it joins the Umbilical Artery on the other side; its Name being taken from its use in the Fœtus.

240. FROM the convex side of the Curvature of the Hypogastric Artery, four or five principal Branches commonly go out very near each other. Sometimes they all arise separately, sometimes by small common Trunks, and what is the first Branch in some Subjects, is only a Ramus of another principal Branch in others; so much does the Number, Disposition, Origin, and Distribution of these Branches vary in different Subjects. For this reason I think it proper to distinguish them by the following proper Names; Iliaca minor, Glutea, Sciatica, Pudica communis sive Pudica Hypogastrica and Obstratrix.

241. THE Iliaca minor, the most posteriour of these Branches, and which is often no more than a Ramus of the Glutea, passes between the last two Lumbar Nerves, and divides into two Rami, one of which enters the Canal of the Os Sacrum through the lowest large anterior Holes; the other passes behind the Musculus Psoas to which it gives Twigs, and behind the Crural Nerve, being afterwards distributed to the Iliac Muscle, and to the middle part of the inside of the Os Ilium, penetrating into the Substance of the Bone sometimes by one Hole, sometimes by more.

242. **THE** Arteria Glutæa is commonly very considerable, and sometimes the largest of all the Hypogastric Branches. Near its beginning it sometimes sends out the Iliaca Minor, and sometimes the small Ramus that goes from that Artery to the Os Sacrum and other parts fixed to that Bone. Afterwards this Artery goes out of the Pelvis in company with the Sciatic Nerve, thro' the upper part of the great Sinus of the Os Innominatum, below the Musculus Pyriformis, and is distributed in a radiated manner to the Glutæus Maximus and Medius.

243. In its passage, it gives some Branches to the Os Sacrum, Os Coccygis, Musculus Pyriformis, the Muscles of the Anus, and to the neighbouring parts of the Intestinum Rectum, forming a particular Hemorrhoidalis Interna. It likewise sends Twigs to the Bladder and parts near it; and detaches a pretty long Branch which runs down with the Sciatic Nerve.

244. The Arteria Sciatica gives first of all, some Branches to the Musculus Pyriformis, the Quadrigeminus, the Os Sacrum, &c. and even to the inner side of the Os Ischium. It likewise detaches a Branch which runs under the Musculus Quadratus, to the Articulation of the Os Femoris.

245. It passes obliquely over the Sciatic Nerve, and as they both go through the great posterior Sinus of the Os Ilium, it detaches small Arteries which are distributed to the inner Substance of that Nerve. Afterwards it runs up in a radiated manner on the outside of the Os Ilium, and is distributed to the inner Substance of that Bone, and to the Musculi Glutæi, especially to the Medius and Minimus.

246. The Pudica Communis, called commonly Pudica Interna, arises sometimes by a Trunk common to it and to the Glutæa, and gives out two principal Branches; the first of which passes through the great Sinus of the Os Ilium in company with the Glutæa and Sciatica, and then divides into two Rami.

247. **THE** first Ramus goes behind the Spine of the Ischium, between the two Ligaments which lie between that Bone and the Os Sacrum; and runs on the inside of the Tuberculum Ischii, all the way to the Origin of the Corpus Cavernosum Penis. There it divides into several Arteries, one of which goes to the Sphincter Ani, under the Name of Hemorrhoidalis Externa.

248. **THE** rest are distributed to the neighbouring Integuments, to the Bulb of the Urethra, and to the Corpus Cavernosum Penis; but the last of these Arteries, or rather the Extremity of this first Ramus, runs from behind forward, over the Neck of the Os Femoris, and communicates with a Branch of the Arteria Cruralis.

249. **THE** second principal Ramus called commonly Arteria Pudica Externa, runs between the Bladder and Intestinum Rectum, and is distributed in Men to the Vesiculae Seminales, Neck of the Bladder, Prostate Gland, and neighbouring parts of the Rectum.

250. **AFTERWARDS** it runs under the Os Pubis on the side of a considerable Vein, which lies directly under the Symphysis; and it runs along the Penis between this Vein and a Nerve, being distributed in its passage



to the Corpus Cavemosum, and communicating with the Pudica Minor, which comes from the Cruralis.

251. THIS second Branch of the Pudica Major goes off sometimes separately from the Hypogastrica, especially in Women, being distributed to the lateral Parts of the Uterus, where it communicates with the Spermatic Artery, near the jagged Extremity of the Tuba Falloppiana; and to the neighbouring parts of the Vagina, &c.

252. THE Arteria Obturatrix perforates the Obturator Muscles from whence it has its Name, and goes out of the Pelvis at the upper part of the Ligament of the Foramen Ovale, having first sent a small Branch over the Symphysis of the Os Ilium and Os Pubis, to the Inguinal Glands and Integuments.

253. As it passes by the Muscles, it divides and is distributed to the Pectineus and Triceps. It likewise sends out another Branch, which communicates with that Branch of the Sciatica that goes to the Articulation of the Os Femoris; and gives small Arteries to the Holes in the Neck of that Bone.

254. AFTERWARDS the Hypogastric Artery ends in the Umbilicalis, as has been already said.

*Arteria  
Crurales.*

255. THE Iliac Artery goes out of the Abdomen between the Ligamentum Fallopii and Tendon of the Psoas at the Union of the Os Ilium and Os Pubis, and there it takes the Name of Arteria Cruralis.

256. IT sends off first of all, three small Branches; one of which called Pudica Externa, goes over the Crural Vein to the Skin and Ligament of the Penis and to the Inguinal Glands, communicating with the Pudica Interna. The second goes to the Musculus Pectineus; and the third to the upper part of the Sartorius. All these Branches furnish likewise the neighbouring anterior Integuments.

257. AFTERWARDS the Crural Artery runs down on the Head of the Os Femoris, and by taking a particular turn, gets on the inside of the Crural Vein, about three Fingers breadth from where it goes out of the Abdomen. From its Origin to this place, it is covered only by the Skin and Fat, and lies on the Pectineus and Triceps Primus.

258. IN changing its Situation it sends out three considerable Branches, one external, one middle, and one internal. They all go out more or less posteriorly, sometimes by a short common Trunk, sometimes by two, &c.

259. THE external Branch runs on the upper side of the Thigh to the Crureus, Vastus Externus, Rectus Anterior, Musculus Fasciae Latæ and Glutæus Medius; sending up a Ramus to the Apex of the great Trochanter, which communicates with the first principal Ramus of the Pudica Major, and Sciatica, as has been already said.

260. THE middle Branch runs down on the inside of the Thigh between the Triceps Muscles, to which it gives several Rami, one whereof perforates the second Muscle, and is distributed to the Glutæus Maximus, Semi-Nervosus, Semi-Membranosus, Biceps, and to the neighbouring Integuments.

261. THE internal Branch runs backward on the *Quadrigemi* towards the great *Trochanter*; and having detached a *Ramus* which goes into the Joint of the *Os Femoris*, it runs downward and gives *Rami* to all the *Muscles* that lie on the backside of that Bone, one of which enters the Bone itself on one side of the *Linea Aspera*.

262. HAVING sent off all these three Branches, the *Arteria Cruralis* runs down between the *Sartorius*, *Vastus Internus* and *Triceps*, giving Branches to all the parts near it. It is covered by the *Sartorius* all the way to the lower part of the Thigh, where it is inflected backward over the *Triceps Tertius* a little above the internal Condyle of the *Os Femoris*. Afterwards continuing its Course through the hollow of the Ham, it is called *Arteria Poplitea*, being accompanied by the Vein of the same name.

263. THE *Poplitea* while in the Ham, is covered only by the Integument, sending off Branches toward each side, which run up upon the Condyles, and communicate with the lower Ramifications of the *Arteria Cruralis*.

264. IT sends *Rami* to the Joint of the Knee, one of which at least, passes between the Crucial Ligaments. As it runs down it sends Branches to the *Gastrocnemii* and *Popliteus*; and having reached the backside of the Head of the *Tibia*, it gives off two Branches, one to each side.

265. THE first or internal Branch surrounds the forepart of the Head of the *Tibia*, passing between the Bone and internal lateral Ligament; and besides several other Ramifications, sends up a small Branch which communicates with the Arteries that lie round the Condyles of the *Os Femoris*.

266. THE second or external Branch runs over the Head of the *Fibula*, and between the Head of the *Tibia* and external lateral Ligament of the Knee, surrounding the Articulation all the way to the Ligaments of the *Patella*, and communicating with the Branches which lie round the Condyles of the *Os Femoris*, together with a Branch of the first or internal *Ramus*.

267. IMMEDIATELY after the Origin of these two *Rami*, and before the *Poplitea* ends, it sends a small Artery down on the backside of the interosseous Ligament, very near the *Tibia*, into which it enters by a particular Hole a little above the middle portion of the Bone.

268. As the *Poplitea* ends, it divides into two principal Branches, one of which runs between the heads of the *Tibia* and *Fibula*, passing from behind forwards on the interosseous Ligament, where it takes the Name of *Arteria Tibialis Anterior*. The second Branch divides into two others, one internal and largest, called *Arteria Tibialis Posterior*, the other posterior and smallest, named *Arteria Peronæa Posterior*.

269. THE *Tibialis Anterior* having passed between the heads of the *Tibia* and *Fibula*, sends small Branches upward and laterally. The superior Branches communicate with those *Rami* of the *Popliteus* which lie round the Articulation; and the lateral Branches go to the neighbouring parts. Afterwards this Tibial Artery runs down on the foreside of the interosseous Ligament, toward the outside of the *Tibia*, between the *Musculus Tibialis Anticus* and *Extensor Pollicis*.



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270. HAVING run laterally on the Tibia for about two thirds of the length of that Bone, it passes on the fore side under the common Annular Ligament, and Extensor Pollicis, to the Articulation of the Foot; giving off several Rami both to the right and left hand, which communicate laterally with the Tibialis Posterior and Peronæa Posterior, so that these two Bones are in a manner surrounded by Arteries.

271. AT the Joint of the Foot, it sends out Branches which run between the Astragalus and Os Calcis, being distributed to the Articulation and to the Bones of the Tarsus. The Communications are here very numerous on all sides.

272. HAVING passed the Fold of the Foot, it sends off toward both sides, other Rami, which communicate with the Posterior Tibialis and Peronæa; all these Branches making a kind of Circles round the Tarsus.

273. AFTERWARDS the anterior Tibial Artery advances on the convex side of the Foot, as far as the Interstice between the first and second Metatarsal Bones; between the Heads of which, it sends a large Branch, which perforates the superior interosseous Muscles, and joining the Tibialis Posterior, forms an Arch on the side of the Foot.

274. It likewise sends two or three considerable Branches over the other Metatarsal Bones, which go to the rest of the interosseous Muscles, Integuments, &c. and communicate with each other.

275. LASTLY, this Artery terminates by two principal Branches, one of which goes to the Thenar and Inside of the Great Toe; the other is spent upon the Outside of the Great Toe, and the Inside of the second Toe.

276. THE Tibialis Posterior, called likewise Suralis, runs down between the Solei, Tibialis Posticus, Flexor Digitorum communis, and Flexor Pollicis; giving Branches to these Muscles, to the Tibia, and to the Marrow of that Bone, through a particular Canal in its posterior and upper Part.

277. AFTERWARDS it runs behind the inner Ankle, communicating with the Tibialis Anterior, and surrounded by the neighbouring Veins; and passes to the Sole of the Foot between the concave side of the Os Calcis and Thenar Muscle, where it divides into two Branches, one large or external, the other small or internal.

278. THE great Branch, or Arteria Plantaris externa, passes on the concave side of the Os Calcis obliquely under the Sole of the Foot, to the Basis of the fifth Metatarsal Bone, and from thence runs in a kind of Arch toward the Great Toe, communicating there with the Tibialis Anterior, which perforates the interosseous Muscles in the manner already said.

279. THE convex side of this Arch supplies both sides of the last three Toes, and the outside of the second Toe, forming small communicating Arches at the end, and sometimes at the middle of each Toe, as in the Hand. The concave side of the Arch furnishes the neighbouring Parts.

280. THE small Branch, or Arteria Plantaris Interna, having reached beyond the middle of the Sole of the Foot, is divided into two; one of which goes to the great Toe, communicating with the Ramus of the Tibialis Anterior;

terior; the other is distributed to the first Phalanges of the other Toes, communicating with the Ramifications from the Arch already mentioned.

281. The Arteria Peronea runs down on the backside of the Fibula, between the Soleus and Flexor Pollicis, to which and to the neighbouring Parts it gives Rami in its passage.

282. HAVING reached to the lower third part of the Fibula, it sends off a considerable Branch, which runs in between the Tibia and that Bone, passing between their Extremities from behind forward, below the interosseous Ligament, and is distributed to the Integuments of the Tarsus.

283. LASTLY, the Peronea continuing its course downward, on the back side of the Fibula, as far as the Os Calcis, forms an Arch with the Tibialis Posterior, between the Astragalus and the Tendo Achillis.

284. FROM thence it runs outward, and a little above the outer Ankle communicates with the Tibialis Anterior by an Arch, which sends several small Ramifications to the neighbouring Parts.

285. IN this Description of the Arteries, I have said nothing of the Cutaneous Anastomoses, which are exceedingly beautiful in the Fœtus; nor of the frequent and considerable Communications of small Arteries upon the Periosteum, which form a delicate kind of Net-work, or Rete Mimibile.





## SECT. V.

*A Description of the Veins.**Introduction.*

**T**HE Blood distributed to all Parts of the Body by two kinds of Arteries, the Aorta and Arteria Pulmonaris, returns by three kinds of Veins, called by Anatomists Vena Cava, Vena Portæ, and Vena Pulmonaris.

2. THE Vena Cava carries back to the right Auricle of the Heart, the Blood convey'd by the Aorta to all the Parts of the Body, except what goes by the Arteriæ Coronariæ Cordis. It receives all this Blood from the Arterial Ramifications in part directly, and in part indirectly.

3. THE Vena Portæ receives the Blood carried to the floating Viscera of the Abdomen by the Arteria Cæliaca, and the two Mesentericæ, and conveys it to the Vena Hepatica, and from thence to the Vena Cava.

4. THE Vena Pulmonaris conveys to the Pulmonary Sinus, or left Auricle of the Heart, the Blood carried to the Lungs by the Arteria Pulmonaris.

5. To these three Veins two others might be added, viz. those which belong particularly to the Heart and to its Auricles, and the Sinuses of the Dura Mater.

6. In describing the general Course of the Veins, we may either begin by their Extremities in all the parts of the Body, and end by the Trunks carried all the way to the Heart, according to the Course of the Blood; or we may begin by the great Trunks, and end by the Ramifications and capillary Extremities, according to their several Divisions and Subdivisions.

7. THIS last Method is the most convenient, and makes it a very easy matter to pursue the first, whenever we think it proper to do it; and for these Reasons, I have chosen to follow it, in this Description.

*General Division of the Vena Cava.*

8. WE commonly talk of the Vena Cava in general, as if it were but one Vein at its Origin, or had but one common Trunk; whereas it goes out from the right Auricle of the Heart by two large separate Trunks, in a Direction almost perpendicularly opposite to each other, one running upward called Vena Cava Superior, the other downward called Vena Cava Inferior.

9. IT may however be said, that these two Veins have a sort of Continuity, or a small Portion of a common Trunk, fixed to the Edges of the right Auricle; as if three quarters of the Circumference of a large straight Tube were cut off, and the Edges of a small Bladder applied to the Edges of the Opening thus made in the Tube.

10. THE right Auricle may also be look'd upon as a Muscular Trunk common to these two large Veins, and may be called the Sinus of the Vena Cava; but in this respect, the name of Sinus Pulmonaris agrees still better to the left Auricle.

11. THE Vena Cava Superior is distributed chiefly to the Thorax, Head, and upper Extremities, and but very little to the Parts below the Diaphragm.

12. THE Vena Cava Inferior is distributed chiefly to the Abdomen and lower Extremities, and but very little to the Parts above the Diaphragm.

13. THE Ancients called the Superior Vena Cava, Ascendens, and the Inferior, Descendens, having regard only to the great Tubes, and to their Division into Trunks and Branches. Several Moderns have retained these Names, but in a contrary Signification, to accommodate them to the Motion of the Blood which descends by the Cava Superior, and ascends by the Cava Inferior.

14. BUT to shun the Mistakes that may happen in Reports made of Wounds or other Diseases, and of what is observed in Opening dead Bodies, and in other Cases of these kinds, it is best to retain the Distinction of Vena Cava Superior and Inferior.

15. THE Trunk of each of these two Veins sends off, much in the same manner with the Arteries, a certain Number of principal or capital Branches, which are afterward ramified in different manners. Each Trunk terminates afterwards by a Bifurcation or a Division into two subordinate Trunks, each of which gives off other principal Branches, ending in a great number of small Trunks, Rami and Ramifications.

16. THEY have likewise this common to them with the Arteries, that the greatest part of the capital Branches are in Pairs; as well as the subordinate Trunks. The Ramifications of each subaltern Trunk taken by itself, are in uneven Numbers, but they make even Numbers with those of the other like Trunk. The Vena Azygos and some other small Veins, of which hereafter, are Exceptions from this Rule.

17. BEFORE I go on to the particular Description of each of these Veins, many of which have proper Names; I shall give a general Idea of their Distribution, and an Enumeration of their principal Ramifications, in the same manner as I did in the Description of the Arteries, and for the same Reason. But I shall say nothing of the Venæ Coronariæ Cordis, because they are not immediately join'd to any other Vein, as we shall see in describing the Parts of the Thorax. I begin by the Vena Cava Superior.

18. THE Superior Vena Cava runs up from the right Auricle of the Heart, almost in a direct Course, for about two Fingers breadth, lying within the Pericardium, in the right side of the Trunk of the Aorta, but a little more anteriorly. *Vena Cava Superior.*

19. As it goes out of the Pericardium, it is inclined a little to the left Hand, and then runs up about an Inch, that is, as high as the Cartilage of the first true Rib, and a little higher than the Curvature of the Aorta. At this Place it terminates by a Bifurcation or Division into two large Branches or subordinate Trunks, one of which runs toward the left hand, the other toward the right.

20. THESE two Branches are named Subclaviæ, as lying behind, and in some measure, under the Claviculæ, both in the same manner. They



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are of unequal length, because the Trunk of the Vena Cava does not lie in the middle of the Thorax, but toward the right Side, where the left Subclavian arises as well as the right, and is consequently longest.

21. THE Trunk of the Superior Cava from where it leaves the Pericardium to the Bifurcation, sends out anteriorly several small Branches, which sometimes arise separately and sometimes by small common Trunks. These Branches are the Vena Mediastina, Pericardica, Diaphragmatica Superior, Thymica, Mammaria Interna, and Trachealis, the last of which go out sometimes behind the Bifurcation.

22. All these small Branches from the Trunk of the Cava Superior are termed *Dextrae*; and their fellows on the other side called *Sinistrae* do not arise from the Trunk, because of its lateral Situation, but from the left Subclavia.

23. POSTERIOURLY, a little above the Pericardium, the Trunk of the Superior Cava sends out a capital Branch, called Vena Azygos, or Vena sine Pari, which runs down on the right Side of the Bodies of the Vertebrae Dorsi, almost to the Diaphragm; giving off the greatest part of the Vena Intercostrales and Lumbares Superiores.

24. THE two Subclaviae run laterally or toward each side, and terminate as they go out of the Thorax, between the first Rib and Clavicle, immediately before the anterior Insertion of the Musculus Scalenus.

25. THE right Subclavian, which is the shortest of the two, commonly sends out four capital Branches; the Jugularis Externa, Jugularis Interna, Vertebralis and Axillaris, which last is rather a Continuation than a Branch of the Subclavia.

26. THE left Subclavian being longer than the right, for the reason already given, gives off first of all the small Veins on the left side, answering those on the right side that come from the Trunk of the Superior Cava, viz. the Mediastina, Pericardica, Diaphragmatica Superior, Thymica, Mammaria Interna and Trachealis.

27. NEXT to these small Veins, called *Sinistrae*, it detaches another small Branch, called Intercostralis Superior Sinistra, and then four large Branches like those from the right Subclavian, viz. the Jugularis Externa, Jugularis Interna, Vertebralis and Axillaris, which are all termed *Sinistrae*.

28. THE external jugular Veins are distributed chiefly to the outer parts of the Throat, Neck and Head; and send a small Vein to the Arm, named Cephalica, which assists in forming a large one of the same Name.

29. THE internal jugular Veins go to the internal parts of the Neck and Head, communicating with the Sinuses of the Dura Mater, and in several places, with the external jugular Veins.

30. THE vertebral Veins pass through the Holes in the transverse Apophyses of the Vertebrae of the Neck, sending Branches to the Neck and Occiput. They form the Sinus Venales of these Vertebrae, and communicate with the Sinuses of the Dura Mater.

31. THE Axillary Veins are Continuations of the Subclaviae, from where these leave the Thorax, to the Axilla. They produce the Mammaria Interna,

terna, Thoracica, Scapularis or Humeralis, and a Branch to each Arm, which, together with that from the external Jugularis, forms the Vena Cephalica.

32. AFTERWARDS the Axillary Vein terminates in the principal Vein of the Arm, called Basilica; which, together with the Cephalica, is distributed by numerous Ramifications to all the parts of the Arm, Fore-Arm and Hand.

33. THE Portion of the inferior Vena Cava contained in the Pericardium is very small, being scarcely the twelfth part of an Inch on the fore part, and not above a quarter of an Inch on the back part. From thence it immediately perforates the Diaphragm, to which it gives the Venæ Diaphragmaticæ Inferiores or Phrenicæ. *Vena Cava Inferior.*

34. It passes next behind the Liver, through the great Sinus of that Viscus to which it furnishes several Branches, termed Venæ Hepaticæ.

35. IN this Course it inclines a little toward the Spina Dorsi and Aorta Inferior, the Trunk and Ramifications of which it afterwards accompanies in the Abdomen, all the way to the Os Sacrum; the Arteria Cœliaca and the two Mesentericæ only excepted.

36. THUS the inferior Cava sends out on each side, in the same manner with the Aorta, the Venæ Adiposæ, Renales, Spermatice, Lumbares, and Sacræ. Having reached to the Os Sacrum it loses the Name of Cava, and terminating by a Bifurcation, like that of the descending Aorta, it forms the two Venæ Iliacæ.

37. THESE Iliac Veins having given off the Hypogastricæ with all their Ramifications, to the Viscera of the Pelvis and to some other external and internal neighbouring Parts, go out of the Abdomen, under the Ligamentum Fallopii, and there take the Name of Venæ Crurales.

38. EACH Crural Vein sends off numerous Ramifications to all the lower Extremity; besides the Vena Saphena which goes out near the Origin of the Cruralis, and running along this whole Extremity, detaches many Ramifications, all the way to the Foot, as we shall see more particularly hereafter.

39. THE Vena Azygos or sine Pari is very considerable, and arises posteriorly from the Superior Cava a little above the Pericardium. *Vena Azygos, and Vena Intercostales.*

40. IT is immediately afterwards bent backward over the Origin of the right Lung; forming an Arch which surrounds the great Pulmonary Vessels on that side, as the Arch of the Aorta does those of the left Side, with this difference only, that the Curvature of the Azygos is almost directly backward, whereas that of the Aorta is oblique.

41. FROM thence it runs down on the right side of the Vertebrae Dorsi on one side of the Aorta, and before the Intercostal Arteries; and getting behind the Diaphragm, it terminates by a very sensible Anastomosis, sometimes with the Vena Renalis, sometimes with a neighbouring Lumbar Vein, sometimes immediately with the Trunk of the Cava Inferior, and sometimes otherwise.

42. I have seen this Vein extremely large, resembling the Trunk of the inferior Cava, from the Diaphragm, to the Origin of the Renales; the



the Cava being through all this Space very narrow, or of the size of an ordinary Azygos. This Vena Azygos sends out first of all, two or three small Veins from the Top of the Arch, one of which goes to the Aspera Arteria; the others partly to the Aspera Arteria, and partly to the Bronchii, by the name of Venæ Bronchiales, accompanying the Ramifications of the Bronchial Artery.

44. AFTERWARDS the Azygos detaches from the Ravinity of the Arch, a small Trunk common to two or three small Veins, called Intercostales superiores Dextere, which bring back the Blood from the first three Series of Intercostal Muscles, and from the neighbouring Part of the Pleura.

45. THESE intercostal Veins send Branches through the intercostal Muscles to the Serratus Superior Posticus, Serratus major, &c. and afterwards they run along the Interstices between the Ribs, communicating with the Venæ Mammariæ.

46. THEY likewise send small Branches backward to the Vertebral Muscles, and Canal of the Spine, where they communicate with the Venal Circles or Sinuses which bring back the Blood from the Medulla Spinalis.

47. As the Azygos runs down, it sends off the inferior Intercostal Veins on the right side, one going to each Series of intercostal Muscles. These Veins run along the lower Edges of the Ribs, and perforate the Muscles by Branches, which go to the posterior and external Part of the Thorax.

48. THEY communicate with the Venæ Thoracicae, and most commonly with the Mammaria Interna; and lastly, more or less with each other, by perpendicular Branches, near the posterior Extremities of the Ribs.

49. THE Azygos sends off likewise the left intercostal Veins, but seldom the whole number; for the superior Veins come often from the left Subclavian, as we shall see in the History of that Vein. The inferior intercostal Veins, to the number of six or seven, sometimes more, sometimes fewer, come often from the Trunk of the Azygos; and running between the Aorta and Vertebrae, to the Substance of which they give small capillary Twigs, they send off almost the same Ramifications with the Veins on the right side, and likewise some to the Oesophagus.

50. SOMETIMES these intercostal Veins come from a small common Trunk which goes out from that of the Azygos, and passing between the Aorta and Vertebrae is bent downward along the left side of the Vertebrae, in which Course, it detaches the Intercostals laterally. This small Trunk is in some Subjects bifurcated upward and downward, as it sends off the Intercostals; and in others there are two small common Trunks.

51. LASTLY, there is sometimes an intire Azygos on the left side, which proceeding from the Arch of the ordinary Azygos, is afterwards distributed in the same manner as the other on the right side; but this Disposition likewise varies very much.

52. THE Azygos having reached below the last Rib, sends off a large Branch, which bending outward, perforates the Muscles of the Abdomen, is ramified between their different Planes, and communicates with the like Ramifications of the last, or last two intercostal Veins.

53. *SECTUS* gives off the *Vena Diaphragmatica inferior*, and likewise gives downward to the first, or first two transverse *Apophyses* of the *Vertebrae Lumbares*, a Branch which forms the first *Vena Lumborum Dextra*.

54. *THAT* Communications between the left Intercostal, and first *Lumbar Veins* are very irregular, being sometimes by a Series of opposite Angles, sometimes by *Arculae*, sometimes by a reticular Texture, &c. Sometimes the Extremity of the *Vena Azygos* communicates either mediately or immediately with the *Vena Adiposa*, and even with the *Vena Spermatica*.

55. *THE* *Pecciores internae* are small Veins disposed in Pairs toward the right and left hand, behind the Sternum and parts near it, including the *Diaphragmatica Superiores*, or *Pericardio-Diaphragmatica*, *Mediastina*, *Mammaria interna*, *Thymica*, *Pericardica*, and *Gutturales* or *Tracheales*.

56. *ALL* these small Veins are divided into right and left; and these are both distributed much in the same manner; but they differ in their Origins, because of the Inequality in the Bifurcation of the *Cava superior*.

57. *THE* right *Vena Mediastina* goes out anteriorly from the Trunk of the superior *Cava*, a little above the Origin of the *Azygos*; the left comes from the *Subclavia*.

58. *THE* right superior *Diaphragmatica* or *Pericardio-Diaphragmatica* comes anteriorly from the Root of the Bifurcation near the *Mediastina*; and is distributed by several Branches to the upper, fore, and back Parts of the *Pericardium*, communicating with those of the left *Diaphragmatica*, and accompanying the Nerve of the same name. The left superior *Diaphragmatica* comes from the left *Subclavian* a little below the Origin of the *Mammaria*.

59. *THE* right internal *Mammaria* arises anteriorly from the *Vena Cava*, a little below the Angle of the Bifurcation. It runs along the nearest internal or posterior Edge of the Sternum, and on the cartilaginous Extremities of the right Ribs, together with the Artery of the same name. Having reached near the Diaphragm, it sends it a Branch which runs toward the tendinous Plane, and communicates with the common diaphragmatic Veins.

60. *AFTERWARDS* this mammary Vein gives small Branches to the *Mediastinum*, and others between the Ribs to the Integuments; of which those that pass between and under the Cartilages of the last true Ribs, run down on the inner or posterior side of the *Musculi Recti Abdominis*, being ramified among their fleshy Fibres, and communicating really with the *Epigastric Veins* by several small Twigs.

61. *THE* left internal *Mammaria* arises anteriorly from the left *Subclavian*, opposite to the Cartilage or anterior Extremity of the first true Rib.

62. *THE* right *Vena Thymica*, when it arises separately, goes out from the Bifurcation; and when it is wanting, the *Thymus* from whence it takes its name, is furnished by the *Gutturalis* or some other neighbouring Vein. This Vein often reaches no lower than the inferior Part of the *Thymus*; and the left Vein of the same name comes from the left *Subclavian*, almost opposite to the Sternum.

63. *THE* right *Pericardica* seems to go out rather from the Origin of the right *Subclavian*, than from the Trunk of the superior *Cava*; but in this there



there are many Varieties. It goes to the upper side of the Pericardium, and other neighbouring Parts. The left Pericardium comes sometimes from the left Subclavian, before the Mammaria, and sometimes from the Mammaria or Diaphragmatica superior on the same side.

64. The right Gutturalis or Trachealis goes out from the upper part of the Bifurcation, above the Mammaria of the same side, sometimes more backward, and sometimes from the Subclavia. It is distributed to the Glandulae Thyroidae, Trachea Arteria, Musculi Sterno-Hyoidei, Thymus and Glandulae Bronchiales. It communicates by lateral Branches more or less contorted, with the internal jugular Vein, and sometimes by another Branch, with a small Vein, which the internal Jugular sends to the Glandula Thyroides. The left Gutturalis comes from the upper or posterior Part of the left Subclavian near its Origin.

65. The smallest internal pectoral Veins do not always arise separately, but have sometimes a small common Trunk, especially on the right side; and of all these small Veins, the Mammaria interna is the most considerable.

*Vena Subclavia.*

66. The right subclavian Vein, as has been already said, is very short, and its Course very oblique, so that it appears to rise higher than the left Vein. It sends off first of all, four large Branches, already mentioned, viz. the Vertebralis, which is the first and most posteriour; the Jugularis interna, Jugularis externa and Axillaris.

67. The left Subclavian seems to ascend but very little, after the Bifurcation, because it runs further and more transversely than the right; and in this Course it covers the Origin of three large Arteries, which come from the Curvature of the Aorta. It sends off four large Branches besides the small pectoral Veins, and receives the Ductus Thoracicus.

68. It likewise gives off, before its principal Division, a small Trunk for the left superiour Intercostals, which are sometimes six in number, and communicate with the inferiour Intercostals, and with a Branch of the Vena Azygos. This small common intercostal Trunk furnishes likewise the left Bronchialis.

69. Each Subclavian Vein near the middle of the Clavicula, sends off a Branch call'd Cephalica, which descends near the Surface of the Body, between the Deltoides and Pectoralis Major, and reaches the Arm in the manner which shall be related hereafter.

*Vena Jugularis Externa.*

70. Each external jugular Vein arises from the Subclavian on the same side, sometimes from the Axillaris, and sometimes from the Union of these two Veins. The right and left do not always arise in the same manner; for sometimes the right comes from the Subclavian, and the left from the internal Jugular on the same side. They run up between the Musculus Cutaneus and Sterno-Mastoidaeus, being covered by the former, and crossing over the latter.

71. SOMETIMES they are double from their very Origins; and when they are single, each of them divides afterwards into two, one anterior, and the other posterior or rather superiour. The anterior Vein goes to the Throat and Face, running up toward the Angle of the lower Jaw, and the posterior goes to the Temples and Occiput.

72. THE anterior external Jugular Vein is often a Branch of the *Jugularis Interna*, and sometimes arises from the Communications of the two Jugulars in such a manner as that it cannot be said to belong more to the one than to the other. Sometimes, but very rarely, it comes from the *Vena Axillaris*. *Vena Jugularis Externa Anterior.*

73. It runs up toward the lateral Part of the lower Jaw, between the Angle and the Chin, like a *Vena Maxillaris*, and sends several Branches forwards, backwards and inwards.

74. POSTERIOURLY it gives, (1) a large Branch on the side of the upper Part of the Larynx, which communicates with the *Jugularis Interna*; and likewise with a large short Branch of the *Jugularis externa posterior*, of which below. (2) A small Branch which has the same Communication, but which is not always to be found. (3) Another small Branch a little below the lower Jaw, which communicates with the *Jugularis externa posterior*.

75. ANTERIOURLY it sends several Branches to the Muscles of the Larynx, *Sterno-Hyoidæi*, *Thyro-Hyoidæi* and to the Integuments; and below the Larynx it sends communicating Branches to the *Jugularis externa Anterior* of the other side.

76. A little higher, opposite to the *Cartilago Thyroides*, it gives off a transverse Branch, which runs on the anterior and lower Part of the *Musculi Sterno-Mastoidæi*, and communicates with the *Jugularis* of the other side, tho' not always by a Vein of the same kind.

77. THE superior and inferior transverse Branches communicate on each side by Branches more or less perpendicular, and send a small Branch to the *Musculus Quadratus* of the Chin, to the *Musculus Cutaneus* and Integuments.

78. It sends another large Branch anteriorly toward the Symphysis of the lower Jaw, which after having supplied the maxillary Glands, is distributed to the *Digastric Muscle*, to the Chin and under Lip.

79. INTERIOURLY at the same place it sends out a large Branch, which furnishes the *Glandulae Sublinguales*, runs down toward the Cornua of the *Os Hyoides*, to communicate with some Branches of the *Jugularis interna*, and sends several Rami to the Tongue, called *Vena Raninae*. It gives off likewise a small Branch, which running upon the *Musculus Labiorum Triangularis*, to the Commissure of the Lips, is distributed to the neighbouring Parts.

80. THE same Branch which gives out the *Vena Raninae*, detaches another to the lateral Parts of the *Septum Palati*, which is distributed to the *Amygdalæ*, and to the *Uvula*, and sends Rami forward to the Membrane, which lines the Arch of the Palate. Another Branch goes out from it to the *Pterygoidæus internus*, *Peristaphylini* and *Cephalo-Pharyngei*.

81. AFTERWARDS the Trunk of the anterior external Jugular Vein runs up on the *Musculus Triangularis*, where it receives the Name of *Vena Triangularis*, in a winding Course from the Angle of the lower Jaw to the great or internal Angle of the Orbit, sending Branches on each side to the Muscles and Integuments.



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82. THESE Branches communicate with each other, especially one which passes under the Zygoma, behind the Os Male, to the inferior Orbital or Spheno-Maxillary Fissure, and another small Branch, which runs along the inferior Portion of the Orbital Muscle, to the small or external Angle of the Eye, where it communicates with the Rami Temporales and Frontales.

83. It is here to be observed that under the Angle of the lower Jaw, there is a great variety of Communications between the external and internal jugular Veins, and also a great Variety in the Distribution of these Veins.

84. At most all the Ramifications, which at this place go from the external jugular Vein, to be distributed on the upper part of the Throat and on the Face in some Subjects, arise in other Subjects from the internal Jugular; and sometimes, one part of them comes from the external Jugular, the rest from the internal.

85. THE Trunk of the Vena Angularis having reached the Bones of the Nose, sends out a Branch through the lateral Cartilages of the Nose, which is distributed to the Nares; and another which runs down in a winding Course to the upper Lip.

86. At the great or inner Angle of the Eye, the same Trunk sends off several other Branches; the first of which goes to the Root of the Nose, and communicating with its Fellow from the other side, gives several small Veins to the Holes of the Ossa Nasi.

87. THE second Branch runs up on the Forehead, by the name of Vena Frontalis, antiently Preparata; and is distributed to each side, communicating with its Fellow, when any such Vein is found.

88. THE third Branch enters the Orbit in a winding Course, on one side of the Cartilaginous Pulley, and communicates with the Sinuses of the Dura Mater, by the Orbital Sinus of the Eye.

89. THE fourth Branch goes along the Musculus superciliaris and the upper part of the Orbicularis, to the small or external Angle of the Eye, to communicate with the Vena Temporalis and with that Vein which runs along the lower part of the orbicular Muscle, with which it forms a kind of Circle.

*Vena Jugularis externa posterior, five superior.*

90. THE posterior or superior external jugular Vein runs up toward the parotid Gland, and lower anterior part of the Eye, giving out several considerable Branches toward each side.

91. At its Origin it sends out posteriorly, a principal Branch with its Ramifications, to the Muscles which cover the Scapula, and Joint of the Humerus, commonly called Vena Muscularis, and which might be named Super-Humeralis.

92. A little higher, it gives off the Vena Cervicalis which goes to the vertebral Muscles of the Neck. This Vein communicates with the Humeralis by several Arcolæ, or venal Malles, and they are both ramified in different manners.

93. THESE Ramifications and Communications are in part covered by the Musculus Trapezius, and communicate likewise with some Branches of the Vena Occipitalis, and with a Branch of the superior intercostal Vein, which perforates the first intercostal Muscle.

94. NEAR the cervical Vein, but a little more outward, it gives off sometimes the small Vena Cephalica, which runs down between the Pectoralis Major and Deltoides, as was said No 69, and unites with the Vena Cephalica of the Arm, which shall be described hereafter.

95. BACKWARD it detaches the Vena Occipitalis, which is distributed on the Occiput, and sometimes comes from the Vena Vertebralis or Axillaris, &c. It likewise sends out a small Vein, which enters the Cranium by the posterior Mastoid Hole, and terminates in one of the lateral Sinuses of the Dura Mater. This Branch comes sometimes from another Vein.

96. HAVING reached as far as the Parotid Gland, it forms Communications with the anterior external Jugular, under the Angle of the lower Jaw; and then passes through the Parotid Gland, between that Angle and the Condyle, giving off a large Branch which communicates with another Branch common to the internal and anterior external Jugulars.

97. SOMETIMES there are several Branches, which having run a very little way, unite together and represent the short large Branch, forming Aræolæ or Meshes through which the Nerves pass.

98. AFTERWARDS it passes before the Ear, taking the name of Vena Temporalis, which is distributed to the Temples and lateral Parts of the Head, towards the Occiput and Fore-head. Sometimes the Temporal Vein has two Origins, whereof one is from the Jugularis interna.

99. THE Temporal Vein of one side communicates above, with its fellow on the other side; before, with the Vena Frontalis, and behind, with the Vena Occipitalis. Opposite to the Ear, it gives out a large Branch, one Ramus of which runs under the lower Edge of the Zygoma, and then returning, communicates with another Ramus from the same Jugularis, a little below the Condyle of the lower Jaw, forming a kind of Island irregularly round.

100. BEHIND this Condyle, it gives Branches to the Temporal Muscles, to the neighbouring parts of the upper Jaw, and to the inside of the lower Jaw, almost in the same manner as is done by the Arteries.

101. ONLY one of these Branches runs from without inward, between the Condylode and Coronode Apophyses, to be distributed to the Musculus Temporalis and Pterygoidæi; sending off a Ramus to the Masseter, in its Passage.

102. THE internal jugular Vein, is the largest of all those that go to the Head; tho' not so large as it seems to be, when injected.

103. IT runs up behind the Sterno-Mastoidæus and Omo-Hyoidæus which it crosses; along the sides of the Vertebrae of the Neck, by the edge of the Longus Colli, to the Fossula in the Foramen Lacerum of the Basis Cranii.

104. THE first Branches which it sends off are small and go to the Thyroide Glands. About two Fingers breadth higher up, it detaches a middle-sized Branch which runs laterally toward the Larynx, and may be named Vena Gutturalis.

105. THIS Guttural Vein divides chiefly into three Branches; the lowest of which goes to the Thyroide Gland and neighbouring Muscles; the middle



Branch to the Larynx, Musculi Thyroidæi, &c. and the third runs upward to the great Communication between the two Jugulars already mentioned. In this, however, there is some variety, and I have seen the left Gular Vein go out from the Axillaris.

106. ABOUT the same distance upward, almost opposite to the Os Hyoides, the internal Jugular gives another Branch, which sends Rami to the Muscles belonging to that Bone, and others which communicate with the foregoing Branch. This other Branch runs upward toward the parotid Gland and Angle of the lower Jaw, where it sends communicating Branches forward and backward to the two external Jugulars.

107. IT is at this place likewise that the internal Jugular sometimes produces the Vena Maxillaris Interna and all its Ramifications, as has been already said in the Description of the Jugularis Anterior Externa.

108. THE internal Jugular sends another Branch backward, which is distributed to the Occiput, where it communicates with a Branch of the Vertebralis; and through the posterour Mastoide Hole, with the lateral Sinus of the Dura Mater. This Communication is sometimes by an Anastomosis with a Branch of the external Jugular, or of the Cervicalis which goes thither.

109. AFTERWARDS it reaches the Foramen Lacerum of the Basis Cranii, bending a little, and sending off small Twigs to the Pharynx and neighbouring Muscles.

*Vena Vertebralis.*

110. THE Vertebral Vein arises posteriorly from the Subclavia or Axillaris, sometimes by two Stems, sometimes by one, which soon afterwards divides into two.

111. THE first and principal Stem gives out a Branch called Vena Cervicalis, which is distributed to the neighbouring Muscles, and afterwards runs up through the Holes of the transverse Apophyses of the Vertebrae Colli. This cervical Branch comes sometimes from the Axillaris.

112. THE other Stem of the vertebral Vein runs up on the side of the Vertebrae, and having reached the fourth, or sometimes higher, it runs in between the transverse Apophyses of that Vertebra and of the fifth, to join the first or principal Stem.

113. THUS the vertebral Vein accompanies the Artery of the same name, sometimes in one Trunk, sometimes in several Stems, through all the Holes of the transverse Apophyses of the Vertebrae Colli, all the way to the great Foramen Occipitale, communicating with the occipital Veins and small occipital Sinuses of the Dura Mater.

114. IN its passage it gives off one Branch which enters by the posterior Condylode Hole of the Os Occipitis, and communicates with the lateral Sinus of the Dura Mater; but it is not always to be met with.

115. AS these Veins run through the Holes in the transverse Apophyses, they send Branches forward to the anterior Muscles of the Neck, and to the small interior Muscles of the Head.

116. OTHER Branches go likewise outward and backward to the Musculi Transversales and Vertebrales Colli; and inward to the great Canal of the

the spinal Marrow, where they form Sinuses, which communicate with those on the other side.

117. These vertebral Sinuses are pretty numerous, and placed one above another all the way to the Occiput; the lower communicate with the upper, and at the great Foramen of the Os Occipitis there is a Communication between them and the occipital Sinuses of the Dura Mater.

118. The subclavian Vein having sent off the Branches already described, goes out of the Thorax, and passes before the anterior Portion of the Musculus Scalenus, and between the first Rib and the Clavicle, to the Axilla. Through this Course it takes the name of Vena Axillaris, and gives off several Branches, the chief of which are the Venæ Musculares, Thoracicae and Vena Cephalica, which is sometimes double.

119. THE first Veins which it sends off are the Musculares, distributed to the middle Portion of the Musculus Trapezius, to the Angularis, Infra-Spinatus and Subscapularis; and as some of these Branches go to the Shoulder exteriorly, others interiorly; the Venæ Scapulares are distinguished into external and internal.

120. A little before the Axillaris reaches the Axilla, it sends out the Venæ Thoracicae, one of which is superior, called also, Mammaria Externa, and the other inferior. It likewise sends Rami to the Musculus Subscapularis, Teres Major, Teres Minor, Supra-Spinatus, Latissimus Dorsi, Serratus Major, Pectoralis Minor, Pectoralis Major, and to the Glands of the Axilla; and sometimes gives a communicating Branch to the Vena Basilica.

121. THE Axillaris having reached the side of the Head of the Os Humeri, produces a very considerable Branch named Vena Cephalica, and afterwards runs along the Arm by the name of Vena Basilica; which however appears sometimes to be rather a Branch, than a Continuation of the Trunk of the Axillaris; in which case the Cephalica and Basilica might be looked upon as two principal Branches of the Axillary Vein.

122. THE Cephalic Vein which is a Branch of the Axillaris, at a small distance from its Origin, joins the small Cephalica which runs down from the Subclavia or Jugularis externa; having till then run near the Surface of the Body between the Deltoides and Pectoralis major, and sometimes these two Veins communicate before their Union.

123. THE great Cephalica runs down between the Tendons of the last mentioned Muscles, and along the outer Edge of the external Portion of the Biceps; communicating several times with the Vena Basilica, and sending small Rami on each side, to the neighbouring Muscles, Fat and Skin. Some Branches go out from its upper part, which, lower down unite again with the Trunk.

124. A little below the external Condyle of the Os Humeri, it detaches a Branch backward, which runs up between the Musculus Brachialis and the upper Portion of the Supinator Longus, and afterwards bends back between the Os Humeri and Anconæus Externus, where it communicates with some Branches of the Basilica.



125. HAVING reached very near the Fold of the Arm, it is divided into two principal Branches, one long, the other short. The long Branch is named *Radialis Externa*, and the short one may be called *Mediana Cephalica*, to distinguish it from another *Mediana*, which is a short Branch of the *Basilica*, and therefore ought to be called *Vena Mediana Basilica*.

126. THE external radial Vein runs along the *Radius* between the Muscles and Integuments, giving off Branches toward both sides, which communicate with other Branches of the same Vein, and with some from the *Basilica*, forming *Areolæ* much in the same manner as the *Saphena* does in the lower Extremity.

127. THE *Mediana Cephalica* runs down obliquely toward the middle of the Fold of the Arm, under the Integuments, and over the Tendon of the *Biceps*, where it joins a short Branch of the same kind from the *Basilica*, which I have already named *Mediana Basilica*. These two *Medianæ* unite in an Angle, the Apex of which is turned downward.

128. FROM this angular Union, or *Anastomosis*, a considerable Branch goes out, which runs down on the Fore-Arm, uniting on one side with the *Vena Cephalica*, and communicating on the other with the *Basilica*, by several irregular *Areolæ*. The Name of *Mediana* is given to this large Branch, as well as to the two short ones, by the Union of which it is formed; but that they may not be confounded, this large Branch may be termed *Mediana Major* or *Media*, the Names already given to the other two, being retained.

129. FROM this Union of the two lateral *Medianæ*, and sometimes from the Origin of the *Mediana Media*, which is the true *Mediana* of *Riolan*, a Branch goes out which runs down on the inside of the Fore-Arm, opposite to the interosseous Ligament, and is called *Vena Cubiti Profunda*. It goes to the neighbouring Muscles, and communicates with the other Veins of the Fore-Arm. The *Mediana Cephalica* sometimes sends down a long Branch, called *Radialis Interna*, which lies almost parallel to the *Radialis Externa* already mentioned.

130. AFTERWARDS, the *Cephalica* having reached the Extremity of the *Radius*, is distributed by numerous *Areolæ*, almost in the same course with the radial Artery.

131. A particular Branch goes out from it, which runs more or less superficially between the Thumb and Metacarpus, by the name of *Cephalica Pollicis*. The *Areolæ* furnish the interosseous Muscles and Integuments, and communicate with a small Ramus from the *Basilica*, called by the Ancients *Salvatella*.

132. THE Ancients termed the *Basilic Vein* of the right Arm, the Vein of the Liver, or *Vena Hepatica Brachii*; and that of the left Arm, the Vein of the Spleen, or *Vena Splenica Brachii*. It has sometimes a double Origin, by a Branch of Communication with the Trunk of the *Axillaris*.

133. IT sends off first of all, under the Head of the *Os Humeri*, a pretty large Branch, which passes almost transversely round the Neck of that Bone, from within, backward, and from behind, outward, running up on the *Scapula*, where it is ramified on the *Deltoides*, and communicates with the *Venæ Scapulares*

*Vena Basilica.*

*Scapularis externa.* This Branch may be named *Vena Sub-humeralis* or *Articularis*, as the Artery which lies in the same place; they both having much the same Course.

134. THIS articular Vein sends down two principal Branches, one of which runs along the inside of the Bone, to which, and to the Periosteum, it gives small Veins. The other turns forward, toward the middle of the Arm between the Bone and the Biceps, and communicates with the *Cephalica*.

135. BELOW the Neck of the *Os Humeri*, near the Hollow of the Axilla, and behind the Tendon of the *Pectoralis Major*, the *Basilica* sends out a considerable Branch, which runs down on the side of the *Brachial Artery*, and furnishes the neighbouring Muscles on both sides. This Vein is named *Profunda Brachii*, or *Profunda superior*.

136. IMMEDIATELY afterwards, the *Basilica* detaches two or three small Veins, which run down very closely joined to the *Brachial Artery*, surrounding it at different distances by small Twigs, which communicate with each other. These Veins might be named *Venæ Satellites Arteriæ Brachialis*.

137. THESE small Veins which often arise from the *Profunda superior*, communicate with the *Basilica* and *Cephalica*; and having reached the Fold of the Arm, they divide like the Artery, and the same Divisions are continued along the whole Fore-Arm, through all which Space they accompany and surround the arterial Branches, in the manner already said.

138. AFTERWARDS the *Basilica* continues its Course along the Inside of the *Os Humeri*, between the Muscles and Integuments, forming many Communications with the *Vena Profunda*, *Satellites* and *Cephalica*, and supplying the Muscles and Integuments.

139. HAVING reached the inner Condyle, and having sent off obliquely in the Fold of the Arm, the *Mediana Basilica*, it runs along the *Ulna*, between the Integuments and Muscles, a little toward the outside, by the name of *Cubitalis externa*, still communicating with the *Profunda*, *Satellites* and *Cephalica*.

140. HAVING detached the *Mediana Basilica*, it sends out another Branch, which runs down along the inside of the Fore-Arm near the *Ulna*, and communicates with the *Mediana major*, &c. This Branch may be named *Cubitalis interna*.

141. THE *Basilica* having at length reached the Extremity of the *Ulna*, sends several Branches to the convex side of the *Carpus*; one of which named *Salvatella*, goes to that side of the Little Finger next the Ring-Finger, having first communicated with the *Cephalica*, by means of the *Venal Areolæ* conspicuous on the back of the Hand. In the other Fingers this Vein follows nearly the same Course with the Artery.

142. IN general, the external or superficial Veins of the Fore-Arm are larger than the internal; but they are accompanied only by small Arteries; whereas the deep Veins accompany large Arteries.

143. THE inferiour *Vena Cava* having run down about a quarter of an inch from the right Auricle of the Heart, within the Pericardium, as has been

*Vena Cava  
Inferior.*



been already said, pierces that Membrane, and the tendinous Portion of the Diaphragm which adhere very closely to each other.

144. At this place it gives off the *Venæ Diaphragmaticæ* or *Phrenicæ*, which are distributed to the Diaphragm, and appear chiefly on its lower side, one towards the right hand, and one toward the left. The right Vein is more backward and lower than the left. The left is distributed partly to the Pericardium, and partly to the Diaphragm; and sometimes they send Rami to the *Capsulæ Renales*, much in the same manner as the *Arteriæ Phrenicæ*.

145. THE inferior Cava having perforated the Diaphragm, passes through the posterior part of the great Fissure of the Liver, penetrating a little into the Substance of that Viscus, between the great Lobe and the Lobulus Spigelii, being however covered but very little on the back side by the Substance of the Liver, till it reaches the Lobulus.

146. IN its passage, it sends off commonly three large Branches, called *Venæ Hepaticæ*, which are ramified in the Liver. Sometimes there are only two, and sometimes four.

147. BESIDES these large Branches, it sends out some other small ones, either before or immediately after it goes out of the Liver, which, according to some Anatomists, answer to the Branches of the Hepatic Artery, as the large Branches do to those of the *Vena Portæ*.

148. IN the Foetus, as the *Vena Cava* passes by the Liver, it gives off the *Ductus Venosus*, which communicates with the Sinus of the *Vena Portæ*, and in Adults is changed to a flat Ligament.

149. AFTER its passage through the Liver, the *Vena Cava* turns from before backward, and from right to left, toward the *Spina Dorsi*, placing itself on the right side of the Aorta, which it accompanies from thence downward.

150. HAVING got as low as the *Arteriæ Renales*, it gives off the Veins of the same name, termed formerly *Venæ Emulgentes*, and which are the largest of all the Veins that go from the Cava inferior, from the Liver to the Bifurcation.

151. THE right Renal Vein is the shortest, and runs down a little obliquely because of the Situation of the Kidney. The left Vein, which is the longest, crosses on the foreside of the Trunk of the Aorta, immediately above the superior Mesenteric Artery; and both Veins accompany the Renal Arteries.

152. THEY send up the *Venæ Capsulares*, which go to the *Glandulæ Renales*, and downward, the *Venæ Adiposæ*, which go to the fatty covering of the Kidneys; and ordinarily the left Renal Vein furnishes the left Spermatic Vein. Afterward they run to the Sinus or Cavity of the Kidneys, in the Substance of which they are distributed by numerous Ramifications.

153. A little below the Renal Veins, the Trunk of the Cava sends out anteriorly toward the right side, the right *Vena Spermatica*. The left spermatic Vein comes commonly, tho' not always, from the left Renalis, as has been already observed. Both Veins accompany the spermatic Arteries to the Parts to be mentioned hereafter.

154. In their passage, they send several small Branches on each side, to the Peritonæum and Mesentery, where they seem to be joined by Anastomoses with the Venæ Mesaraicæ, and consequently with the Vena Portæ.

155. THEY sometimes send a considerable Branch over the Iliac Muscle, which afterwards dividing into two, one Ramus runs up to the Membrana Adiposa of the Kidneys, the other runs down on the last-mentioned Muscle.

156. ABOUT the same height with the spermatic Vein, the inferiour Cava sends off posteriorly in some Subjects, a Branch which runs upward, and communicates with the Vena Azygos. Sometimes this Branch goes out from one or other of the Renales, and appears to be a true Continuation of the Extremity of the Azygos.

157. THE Cava sends likewise off posteriorly the Venæ Lumbares, which commonly arise in Pairs in the same manner as the Arteries of the same name go out from the Aorta. These may be divided into superiour and inferiour Veins.

158. THEIR Origins vary in different manners. Sometimes the Cava gives off a Branch to each side below the first Vertebra of the Loins, which, like a common Trunk, furnishes the Lumbar Veins. This Branch communicates with the Azygos.

159. SOMETIMES a considerable Branch goes out from the lower Extremity of the Cava, near the Bifurcation, chiefly on the right side; which afterwards running up between the Bodies and transverse Apophyses of the Vertebrae, detaches the Venæ Lumbares, and communicates with the Azygos.

160. SOMETIMES a like Branch comes from the beginning of the left Vena Iliaca, and running up on that side in the same manner, produces the Lumbares. This Branch likewise communicates with the Azygos, and with the superiour or descending Ramus Lumbaris.

161. THE Venæ Lumbares on one side, communicate by transverse Branches with those of the other side, and likewise with each other by Branches more or less longitudinal. The first and second often go from the Azygos, and thereby they communicate with the intercostal Veins.

162. THE Lumbar Veins send small Capillaries, in their passage, to the Substance of the Bodies of the Vertebrae; and they are distributed to the Muscles of the Abdomen, Quadratus Lumborum, Psoas, Iliacus, &c. They send Branches backward to the neighbouring vertebral Muscles, and to the Canal of the Spine, and communicate with the venal Sinuses in the same manner as the Intercostals.

163. THE inferiour Cava having reached as low as the last Vertebra of the Loins, and near the Bifurcation of the Aorta, runs in behind the right Iliac Artery, and there is divided into two Subaltern Trunks, called the right and left Iliac Veins.

164. THE Extremity of the Trunk of the Vena Cava passes in some Subjects behind the Origin of the right Iliac Artery; in others, it is the left Iliac Vein which passes there, and consequently crosses the right Iliac Artery.

Afterward



Afterward the left Iliac Vein accompanies the inside of the left Artery, till it goes out of the Abdomen. Therefore the Iliac Veins lie on the insides of the Arteries at this place.

165. FROM this Bifurcation of the Vena Cava, and often from the Origin of the left Iliaca, the Vena Sacra goes out, and accompanies the Artery of the same name in its distribution to the Os Sacrum, to the Nerves which lie there, and to the Membranes which cover both sides of that Bone.

*Vena Iliaca.*

166. EACH original Iliac Vein is divided on the side of the Os Sacrum, much after the same manner as the Arteries, into two large Trunks, or secondary Iliac Veins. This second Bifurcation is about a Finger's breadth below that of the Iliac Arteries.

167. ONE of these Trunks is named Vena Iliaca Externa, or Anterior; the other Interna, or Posterior. The external Vein is likewise named simply Iliaca, and the Internal, Hypogastrica. The external Vein seems to be the true Continuation of the Trunk, and the Hypogastrica only a Branch. I here speak of adult Bodies, because in the Fœtus there is a considerable Variation.

168. THESE Veins follow nearly the Course and Distribution of the Iliac Arteries, except that the Hypogastric Vein does not send off the Vena Umbilicalis. The external Iliac Veins lie more or less on the inside of the Arteries, in the manner already said; but the Hypogastric Veins, in the bottom of the Pelvis, lie almost behind the Arteries on the same side.

169. FROM the common Trunk of the Iliac Veins, and sometimes from the Origin of the Iliaca Externa, a particular Branch goes out, which is distributed to the Musculus Psoas, Iliacus, and Quadratus Lumborum; and afterwards sends a Ramus on the fore-side of the last transverse Apophysis of the Loins, to communicate with the last Lumbar Vein.

170. THE external Iliac, a little before it leaves the Abdomen, near the Ligamentum Falloppii, lying on the Psoas and Iliac Muscles, gives off almost the same Branches with the Artery of the same name, and follows the same Course. The chief Branches are these.

171. A little before it goes out of the Abdomen, it sends off from the outside, a small Branch, which runs up along the Crista of the Os Ilium, and gives Branches on each side, to the lateral and posterious lower Portions of the Musculi Abdominis, to the Musculus Iliacus, &c.

172. FROM the inside, before it leaves the Abdomen, it sends off the Vena Epigastrica; which having furnished some small Rami to the neighbouring conglobated Glands, runs up along the inside of the Musculi Recti, on which it is ramified both ways; as also on the broad Muscles of the Abdomen, by other small Branches, which penetrate from within outwards.

173. AFTERWARDS, the Vena Epigastrica runs upward, and joins the Ramifications of the Mammaria, by an equal Number, accompanying the Epigastric Artery. From the inside of the Epigastric Vein, a Branch is sometimes derached to the Musculus Obturator Internus, where it joins another Ramus named Vena Obturatrix.

174. BEFORE the Iliac Vein gets from under the Ligamentum Falloppii, it sends several small Rami to the neighbouring Lymphatic Glands; and immediately afterwards, losing the name of Iliaca, it takes that of Cruralis.

175. THE Hypogastric or internal Iliac Vein, runs behind the Artery of *Vena Hypogastrica*, the same name, making the same kind of Arch, from which the following Branches go out.

176. FROM the posterior or convex part of the Arch, it gives a Branch to the superior lateral part of the Os Sacrum, which is distributed to the Musculus Sacer or Transverso-Spinalis Lumborum, and other Muscles thereabouts, and to the Cavity of the Bone, which it enters through the first great Hole.

177. A little lower, on the same side, it sends out another, which is distributed much in the same manner with the former, and enters the second Hole.

178. FROM the external lateral part of the same Arch, a little anteriorly, it sends out a large Branch, which runs behind the great Sciatic Sinus, and is distributed to the Musculi Glutei, Piriformis and Gemelli.

179. LOWER down, the same lateral part of the Hypogastric Vein gives out another large Branch, which having run a little way, detaches several Rami, and afterward reaching the Foramen Ovale of the Os Innominatum, perforates the Obturator Muscles, communicates with the Vena Cruralis, and is distributed to the Musculus Pectineus, Triceps, and neighbouring Parts. This Vein is termed Obturatrix, from its passing thro' the Muscles of that name.

180. AMONG the Branches sent off by the Vena Obturatrix, before it perforates the Muscles, one is situated exteriorly, which runs toward the Sciatic Sinus, to the Musculus Iliacus, the superior part of the Obturator Internus, and to the Os Ilium, near its Symphysis with the Os Ischium.

181. INTERIORLY, the same Obturator Vein sends off another Branch, which is distributed to the Ureters, Bladder, and internal parts of Generation in both Sexes. It communicates with the Spermatic Veins, and is more considerable in Women than in Men.

182. LASTLY, the Hypogastric Vein runs backward, and goes out of the Pelvis, above the Ligament which lies between the inferior lateral part of the Os Sacrum and Spine of the Ischium; and as it goes out, it is ramified chiefly upward and downward.

183. IT sends a large Branch upward to the lower part of the Os Sacrum, and two or more downward; which running behind the same Ligament, are distributed to the Buttocks, Anus, neighbouring Portion of the Musculus Pectineus, and to the external Parts of Generation, nearly in the same manner with the Artery which accompanies them.

184. THE Veins that go to the Anus, are termed Hæmorrhoidales Externæ, and they that go to the Parts of Generation, Pudicæ Internæ. The external Hæmorrhoidales communicate with the internal Veins of the same Name, which come from the small Vena Mesaraica, one of the Branches of the Vena Portæ, as we shall see hereafter.



*Vena Cru-  
ralis.*

185. THE Crural Vein goes out under the Ligamentum Falloppii, on the inside of the Crural Artery, and immediately gives small Branches to the Inguinal Glands, the Musculus Pectineus, and Parts of Generation. These last are termed Pudicæ Externæ, and evidently communicate with the internal Veins of the same name.

186. ABOUT an Inch below where it leaves the Abdomen, the Crural Vein produces a large Branch, which runs down anteriorly between the Integuments and the Sartorius, following the Direction of that Muscle almost all the way to the inside of the Thigh.

187. THIS Branch having afterwards got beyond the Condyles of the Os Femoris, runs down between the Integuments and inner Angle of the Tibia, to the fore part of the inner Ankle, and is distributed to the Foot. All this large Branch is named Vena Saphena, or Saphena Major.

188. AFTER the Origin of the Saphena, as the Trunk of the Crural Vein runs down, it sinks in between the Muscles, and is distributed to all the inner or deep parts of the lower Extremity, accompanying the Crural Artery to the very Extremity of the Foot, being all along more considerable than the Artery, both for Capacity and Ramifications, a thing very common in the Veins.

189. As the Saphena is a Vein of very large extent, I shall here describe it all together, and afterwards return to the Vena Cru-ralis.

*Vena Sa-  
phena.*

190. THE Vena Saphena, in its passage from the Inguen to the Foot, is covered only by the Skin and Fat. Immediately after its rise, it gives small Veins to the inferiour Inguinal Glands; and then it gives out others more anteriorly, which running under the Integuments, communicate with each other by numerous Areolæ, or Mashes. Sometimes these Communications come all from the Rami of one Branch.

191. THE Saphena having run down on the Thigh, as low as the middle of the Sartorius, sends off to the same side several Branches, which communicate with each other, and with the superiour Branches already mentioned; and as they run down, they communicate again with the Trunk of the Saphena.

192. THESE two sorts of Communications furnish a third collateral kind, from which likewise particular Branches are detached, which communicate with each other at different distances all the way to the Knee.

193. BETWEEN these upper and lower Branches, the Saphena sends backward a particular Branch; which, after being distributed to the Integuments which cover the Gracilis Internus and Triceps, turns backward; and a little below the Ham, runs in among the Muscles situated there, and communicates with another Branch, which may be termed Saphena Minor.

194. AFTERWARDS the Trunk of the great Saphena runs down on the inside of the Tibia, lying always near the Skin; and at the upper part of that Bone, it sends Branches forward, outward and backward.

195. THE anterior Branches go to the Integuments on the upper part of the Leg; the posterior, to those which cover the Gastrocnemii, and communicate with the little Saphena; and the external Branches are likewise distributed.

distributed to the Fat and Integuments, and having reached as low as the middle of the Tibia, it sends a communicating Branch to the Trunk of the great Saphena.

196. FROM this Communication, a Branch goes out anteriorly, which runs along the Integuments of the Tibia all the way to the outer Ankle, having in its passage communicated again with the great Saphena.

197. As the Saphena runs down on the inside of the Tibia, it sends out a Branch near the middle of that Bone, which runs up behind the Tendons of the Sartorius, Gracilis Internus, and Semi-Nervosus, then between the Tibia and upper end of the Soleus, and is joined by an Anastomosis with the Crural Vein.

198. It likewise detaches to the fore part of the Tibia some Branches irregularly transverse; which having been distributed to the Periosteum and Bone, communicate with other Branches already mentioned.

199. AT the lower part of the Tibia, the Saphena produces a considerable Branch, which runs obliquely forward over the Joint of the Tarsus toward the outer Ankle, sending off several Rami which communicate with each other, and with the Trunk of the Saphena.

200. LASTLY, the Extremity of this Trunk passes on the foreside of the inner Ankle, and runs irregularly under the Skin, along the Interstice between the first two Metatarsal Bones toward the Great Toe, where this Vein terminates.

201. HAVING got below the inner Ankle, it sends a Branch outward and forward, which runs under, and in some measure accompanies the anterior Tibial Artery. Interiorly it sends another Branch, almost from the same place, which passes under the Foot, communicating with the external Tibial Vein by irregular Arches, from which Veins are sent to the Toes.

202. LASTLY, before the Saphena terminates at the Great Toe, it detaches a kind of transverse Arch over the Metatarsus, which communicates by several Branches with that Arch which lies on the Joint of the Tarsus, and sends others to the Toes. This Arch gives off likewise another Branch, which runs up behind the outer Ankle, and communicates with the Vena Tibialis Externa.

203. THE Crural Vein having sent off the Saphena, and the small Branches for the Pectineus, &c. as has been said, runs down on the Thigh behind the Crural Artery. Opposite to the little Trochanter, it produces two large short Branches, or one which afterwards divides into two, whereof one is anterior, the other posterior.

*Continuation  
of the Vena  
Cruralis.*

204. THE anterior Branch runs more or less transversely forward, to be distributed to the Vastus Internus, lower part of the Pectineus, and of the second Triceps, and to the other two Muscles of the same name, running in between them as it goes from one to the other.

205. THE posterior Branch runs more or less transversely backward, and furnishes the Glutæi, Vastus Externus, and beginning of the Biceps.



206. A little below these two Branches, about the upper Extremity of the Vastus internus, the Crural Vein produces a Branch which runs down on the side of the Trunk, covering the Crural Artery, almost as low as the Ham, where it is again united to the Trunk by an Anastomosis, and sometimes it is continued separate a little way down on the Leg. It has the name of Vena Sciatica from the Sciatic Nerve which it accompanies.

207. On the outside of this Anastomosis, the Crural Vein gives off a Branch which runs backward between the Biceps and neighbouring Muscles, and so downward on the backside of the Leg a little exteriorly, and very near the Skin, all the way to the outer Ankle. This Vein is termed Saphena minor or externa.

*Saphena  
Minor.*

208. THE little Saphena having got near the Integuments in its Course downward, gives out a Branch which runs backward, and communicates with the great Saphena about the middle of the backside of the Thigh, as has been already observed.

209. IMMEDIATELY above and below the Ham, this Vein sends out other Branches, which likewise communicate with the Saphena Major, and and having run down about one third part of the backside of the Tibia, it sends off another Branch which is afterwards reunited to the Trunk.

210. ABOUT the Beginning of the Tendo Achillis, the little Saphena runs outward in the Integuments, toward the outer Ankles, where it terminates in cutaneous Ramifications sent to every side.

*Vena Pop-  
litea.*

211. THE crural Vein having detached the little Saphena, runs down between the Biceps and the other Flexors of the Leg, closely accompanied by the crural Artery, between which and the inner Condyle of the Os Femoris, it is situated.

212. A little above the Ham, it takes the name of Vena Poplitea, and as it runs down betwixt the two Condyles, it gives Branches to the Flexor Muscles above mention'd, to the lower and posterioir Parts of both Vasti, and to the Fat which lies above the Interstice of the two Condyles.

213. It likewise gives off several other Branches, one of which runs up laterally between the outer Condyle and the Biceps, and then turning forward, is ramified in the same manner with the Artery. Another Branch goes backward, sending Ramifications to the beginning of the Gastrocnemii, after which it runs down on the backside of these Muscles, to the Tendo Achillis.

214. NEAR the internal Condyle, the Poplitea sends some lateral Branches to the Extremities of the neighbouring Muscles, especially those of the Semi-Nervosus, Semi-Membranosus, &c. Lastly, it sends a Branch toward the external Condyle, which having run for a small space on the Peroneus Longus, goes back again into the Trunk.

215. THE Vena Poplitea runs down immediately behind the Muscle of the same Name, at the lower part of which it sends off several Ramifications to each side, which divide and unite again in different Ways and Degrees; and afterwards it loses its Name, being divided into three considerable Branches, called Tibialis anterior, Tibialis posterior, and Peronea; of which

which the Tibialis posterior is most frequently a Continuation of the Trunk, and the other two like Branches.

216. THE Anterior Tibial Vein having distributed some small Branches from its very Beginning, to the Muscles behind the Heads of the two Bones of the Leg, perforates the interosseous Ligament from behind, forward, and runs between the superior Portions of the Musculus Tibialis Anticus, and Extensor Digitorum communis. *Vena Tibialis Anterior.*

217. As soon as it pierces the interosseous Ligament, it distributes small superficial Branches to the Head of the Tibia and Fibula, which run to the Joint of the Knee, and communicate with the lateral Branches of the Vena Poplitea, already mentioned.

218. AFTERWARDS it divides into two or three Branches, which run down together on the Foreside of the interosseous Ligament in Company with the anterior Tibial Artery, which they surround at different distances, by small communicating Circles.

219. THESE Branches having reached the lower Extremity of the Leg, unite in one, which afterwards divides into several, the Ramifications of which are distributed to the Foot.

220. A particular Branch goes out from the reunited Portion, which at the lower part of the Leg, perforates the interosseous Ligament from before backward, and communicates with the Vena Tibialis posterior.

221. THE posterior Tibial Vein gives off from its Beginning, a Branch toward the inside, which is distributed to the Gastrocnemii and Soleus. This Vein is named Suralis. *Vena Tibialis Posterior.*

222. AFTERWARD the posterior Tibialis runs down between the Soleus and Tibialis Posticus, giving Branches to each of them. It is divided in the same manner as the Tibialis anterior, into two or three Branches, which as they run, surround the corresponding Artery, by small communicating Circles formed at different distances.

223. IT continues this Course in company with the Artery as low as the outer Ankle, furnishing the Musculus Tibialis Posticus, and the long Flexors of the Toes. At the lower part of the Leg, it communicates with a transverse Branch of the Saphena, and with the anterior Tibial Vein, in the manner already said.

224. LASTLY, it passes on the inside of the Os Calcis, under the Sole of the Foot, where it forms the Venæ Plantares, by dividing into several transverse Arches, which communicate with each other, and with the Saphena, and send Ramifications to the Toes, nearly in the same manner as the Arteria Plantaris.

225. THE Vena Peronæa is likewise double, and sometimes triple. It runs down on the inside of the Fibula, almost in the same Direction with the Arteria Peronæa, which it likewise surrounds at different distances, by communicating Branches; after the manner of the Tibialis posterior. *Vena Peronæa.*

226. IT runs down as low as the outer Ankle, communicating several times with the Tibialis posterior, and sending Ramifications to the neighbouring Portions of the Musculi Peronæi, and long Flexors of the Toes.



227. THE last of these Communications makes the Venæ Plantares in some Subjects, to appear rather to come from this Vein, than from the Tibialis Posterior, from which they commonly arise, as we have already observed.

*Vena Porta.*

228. THE Vena Portæ is a large Vein, the Trunk which is situated chiefly between the Eminences on the lower or concave side of the Liver, called Portæ by Anatomists; and from thence this Vein has got the general Name of Vena Portæ, or Vena Portarum.

229. It may be considered as made up of two large Veins, joined almost endwise by their Trunks, from each of which, the Branches and Ramifications go out in contrary or opposite Directions. One of these Trunks adheres to the Liver, and is ramified in that Viscus, its Branches accompanying the whole Distribution of the Hepatic Artery.

230. THE other Trunk is without the Liver, and sends its Branches to the Viscera supplied by the rest of the Arteria Cæliaca, and by the two Mesentericæ, that is, to the Stomach, Intestines, Pancreas, Spleen, Mesentery and Omentum.

231. THE first Portion of this Vein, may be termed Vena Portæ Hepatica, Superior or Minor, the Trunk of which is commonly known by the name of Sinus Venæ Portarum. The other Portion may be called Vena Portæ Ventralis, Inferior or Major; and this is what I am now to describe, referring the Distribution of the other to the History of the Liver.

232. THE large Trunk of the Vena Portæ Inferior or Ventralis, is situated under the lower or concave side of the Liver, and joined by an Anastomosis to the Sinus of the Vena Portæ Hepatica, between the middle and right Extremity of that Sinus, and consequently at a good distance from the left Extremity. From thence it runs down a little obliquely from right to left, behind or under the Trunk of the Arteria Hepatica, bending behind the Beginning of the Duodenum, and under the Head of the Pancreas; its length being about five Fingers breadth.

233. HAVING reached to the Head of the Pancreas, this Trunk loses the general name of Vena Portæ, and terminates in three large principal Branches, which are distributed by numerous Ramifications, to the Viscera already named. The first Branch is termed Vena Mesaraica, or Mesaraica Major; the second, Splenica; and the third, Hæmorrhoidalis Interna, or Mesaraica Minor.

234. THE Vena Mesaraica Major appears to be a Continuation of the Trunk of the Vena Portæ Inferior. The Splenica is a capital Branch of that Trunk; and the Hæmorrhoidalis Interna has sometimes a common Origin with the Splenica, and sometimes is no more than a Branch of that Vein. In some Subjects the Mesaraica Major and Splenica appear to arise by an equal Bifurcation of the Trunk of the inferior Vena Portæ, and in others, the Hæmorrhoidalis arises from the very Angle of that Bifurcation.

235. THE inferior Vena Portæ, before the Formation of these three Branches, sends off from the Trunk several small Rami, which are commonly the Venæ Cysticæ, Hepatica Minor, Pylorica, Duodenalis, and sometimes the Gastrica Recta, and Coronaria Ventriculi,

236. ALL these small Veins sometimes arise separately; and in other Subjects, some of them go out by small common Trunks. It sometimes happens that several of them do not come immediately from the Trunk of the Vena Portæ, but from one of its great Branches.

237. THE Cystic Veins run along the Vesicula Fellea from its Neck to the Bottom; and as they are often no more than two in number, they are called Cysticæ Gemellæ, a Name given likewise to the Arteries which accompany them. They go out from the right side of the great Trunk near its beginning, sometimes separately, sometimes by a small and very short common Trunk.

238. THE small Hepatic Vein is commonly a Branch of one of the Cysticæ, or of their common Trunk.

239. THE Vena Pylorica arises from the great Trunk, almost opposite to the Origin of the Cysticæ; and sometimes is only a Branch of the right Gastrica. It passes over the Pylorus to the short Arch of the Stomach, where it is join'd by Anastomosis with the Coronaria Ventriculi.

240. THE Duodenal Vein, commonly called Vena Intestinalis, goes out from the great Trunk near the Cysticæ, and sometimes from the small common Trunk of these Veins. It is distributed chiefly to the Intestinum Duodenum, and sends likewise some Rami to the Pancreas. There is another Vein called also Duodenalis, which is a Branch of the Gastrica of the same side.

241. THE Vena Gastrica, or Gastro-Epiploica Dextra, and the Coronaria Ventriculi, come more seldom from the Trunk of the Vena Portæ, than from its great Branches, with which I therefore chuse to describe them.

242. THE inferior Vena Portæ, having given off the Splenica, changes its Name to that of Mesaraica, or Mesaraica Major, which often appears to be rather a Continuation of the Trunk, than one of the great Branches, as has been already observed.

243. IT bends toward the superiour Mesenteric Artery, sending off two Veins, and afterwards running up over that Artery, it accompanies it in those Portions of the Mesentery and Mesocolon which belong to the small Intestines, the Cæcum, and right Portion of the Colon. As it runs down, it forms an oblique Arch almost like that of the Artery, which is likewise ramified on both the convex and concave sides, but not so regularly.

244. THE first particular Branch from this Trunk is called by *Riolan* Vena Colica. It goes out from the anterior part of the Trunk, before it joins the Artery, and runs directly to the middle of the Colon, where it divides to the right and left, and forms Arches. On the left hand it communicates with the superiour or ascending Branch of the Hæmorrhoidalis; and on the right, with the second Branch of the Mesaraica.

245. THIS second Branch is a little under the first, or Colica anterior, and something more toward the right hand. It may be named Gastro-Colica, and is soon divided into two Branches, one superiour, the other inferior.



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246. THE superiour Branch of the Vena Gastro-Colica, sends small Veins to the Head of the Pancreas, and forms the Vena Gastrica, or Gastro-Epiploica Dextra, which goes from the Pylorus to the great Curvature of the Stomach, and communicates with the Gastrica Sinistra. In its passage supplies the Stomach and Omentum, and communicates with the Pylorica, Coronaria Ventriculi, &c. as has been already said; and sometimes it forms the Pylorica.

247. THE inferiour Branch of the Vena Gastro-Colica, which may be called Colica Dextra, goes to the right Portion of the Colon, and from thence to the upper part of that Intestine, where it is divided archwise, and communicates with the right Branch of the Colica Anterior, and with a Branch of the Vena Cæcalis, as we shall see hereafter.

248. THE Trunk of the great Mesaraic Vein sends out sometimes, opposite to the Gastrica, a particular Branch to the Omentum, called Epiploica Dextra. But almost immediately before it ascends over the Mesenteric Artery, it produces two large Branches very near each other, which pass behind and under the Artery, being distributed to the Jejunum and part of the Ileum by numerous Ramifications, which form Arches and Arcolæ like those of the Artery.

249. AFTERWARDS the Trunk of the Mesaraica passes over the superiour Mesenteric Artery, to which it adheres very closely, and from the convex side of its Arch sends out several Branches almost in the same manner with the Artery; but with this difference, that oftentimes the Branches do not arise immediately from the Vein in so great numbers: and each of them sends out many more Ramifications.

250. From the concave side of the Mesaraic Vein, a little below the Origin of the second Branch from the convex side, arises a Branch called by *Riolan* Vena Cæcalis, which runs to the beginning of the Colon, crossing one of the Branches of the superiour Mesenteric Artery.

251. THIS Cæcal Vein divides by two Arches, the uppermost of which communicates with the lower Branch of the Vena Gastro-Colica; the other, after having sent Ramifications to the Intestinum Cæcum, and Appendicula Vermiformis, communicates below, with the Extremity of the great Mesaraic Vein.

*Vena Splenic.*

252. THE Splenic Vein is one of the three great Branches of the Vena Portæ, and may be said in some measure to be a subordinate Trunk of that Vein. It runs transversely from the right to the left, first under the Duodenum, and then along the lower side of the Pancreas, near the posteriour Edge.

253. IN this course it gives off several Veins, viz. the Vena Coronaria Ventriculi, Pancreaticæ, Gastrica, or Gastro-Epiploica Sinistra, and Epiploica Sinistra. It likewise often gives Origin to the Hæmorrhoidalis Interna, the third capital Branch of the Vena Portæ.

254. IT terminates afterwards by a winding Course, being divided into several Branches that go to the Spleen; one of which produces the small Veins called by the Ancients Vasa Brevia.

255. THE Coronaria Ventriculi, so called because it surrounds more or less the upper Orifice of the Stomach, runs along the small Arch of that Viscus toward the Pylorus, where it joins and becomes continuous with the Vena Pylorica. In its passage, it gives several Rami to the sides of the Stomach, which there form numerous Areolæ, and communicate with the Veins of the great Arch.

256. It arises pretty often from the beginning of the Splenica, and sometimes from the left side of the Extremity of the great Trunk of the Vena Portæ, behind the Hepatic Artery; and in that case, it is the most considerable of all the small Veins that go out from the great Trunk.

257. THE Vena Pancreatica are several small Branches sent by the Splenica to the Pancreas, along its lower side. There are other small Pancreatic Veins which do not arise from the Splenica, as has been said in the Description of the Gastro-Colica, one of the Branches of the great Mesaraic Trunk.

258. THE left Gastric or Gastro-Epiploic Vein, goes out from the Splenica at the left Extremity of the Pancreas; from whence it runs to the great Extremity of the Stomach, and along the great Arch, till it meets the Gastrica Dextra, which is continuous with the Sinistra.

259. In its passage, it gives several Branches to both sides of the Stomach, which are distributed by numerous Ramifications, form many Areolæ, and communicate with the Branches of the Coronaria Ventriculi.

260. AT a small distance from its Origin, this Gastric Vein sends out a Branch, which is distributed to the Omentum; and on this account it has been called Gastro-Epiploica. This Branch seems to communicate with the Hæmorrhoidalis Interna.

261. THE Vena-Epiploica Sinistra arises at the small Extremity of the Pancreas, and is ramified on the Omentum all the way to the Colon, where it communicates with the Hæmorrhoidalis Interna. When this Vein is wanting, the Branch of the left Gastrica already mentioned, supplies its place. It sometimes comes from the most Anterior Branch, which the Splenica sends to the Spleen.

262. LASTLY, the Vena Splenica reaches the Fissure of the Spleen, which it enters through its whole length by several Branches, almost in the same manner as the Splenic Artery. It is from the most posteriour of these Branches that the Veins are sent off to the great Extremity of the Stomach, formerly known by the name of Vasa Brevia, which communicate with the Coronaria Ventriculi and Gastrica Sinistra.

263. THE internal Hemorrhoidal Vein is one of the three great Branches of the Vena Portæ, coming ordinarily from the beginning of the Vena Splenica, and sometimes from the Extremity or Angle of the Bifurcation of the great Trunk of the Vena Portæ.

*Vena Hæmorrhoidalis Interna, five Mesaraica Minor.*

264. AT a small distance from its beginning, it gives to the Duodenum a second Vena Duodenalis, which is sometimes more considerable than the first, or that which comes from the great Trunk of the Vena Portæ.

265. AFTERWARDS it is divided into two Branches, one superiour or ascending, the other inferiour or descending. The first runs to the upper part



of the Arch of the Colon, where, after many Ramifications, it communicates with a Branch of the great Mesaraica, with the Ramifications of the Gastro-Epiploica Sinistra, and with those of the neighbouring Epiploica.

266. THE inferior Branch runs down on the left Portion of the Colon, on the lower Incurvations of that Intestine, and on the Rectum all the way to the Anus. In this course, it supplies the Mesocolon, and forms Arches, which send out numerous small Ramifications which surround these Intestines. It seems likewise to communicate by some capillary Twigs with the left Spermatick Vein.

267. THIS Vein has been named Hæmorrhoidalis from the Tumours often found at its Extremity next the Anus, which are called Hæmorrhoides. The word Interna is added to distinguish this Vein from the Hæmorrhoidalis Externa, which comes from the Vena Hypogastrica, and with which this Vein communicates by capillary Ramifications. The name of Mesaraica Minor agrees to it very well, because of its Situation, with respect to the inferior Mesenteric Artery, which is also less than the superior.



SECT.

SECT. VI.

*A Description of the Nerves.*

**A**LL the Nerves of the Human Body come originally from the *Introduction.*  
Cerebrum or Cerebellum, by means of the Medulla Oblongata,  
or Medulla Spinalis. They go out in Bundles regularly disposed  
in Pairs, like so many distinct Trunks, which are afterwards divided into  
Branches, Rami, Ramifications and Filaments.

1. THE Nerves of the Medulla Oblongata go out, for the most part,  
through the Basis of the Cranium, at Holes situated according to their Dis-  
position. Those of the Medulla Spinalis pass through the lateral Foramina  
of all the Vertebrae, and through the great Anterior Foramina of the Os  
Sacrum.

2. WE commonly reckon ten Pairs of these Fasciculi or Nervous Trunks  
to the Medulla Oblongata, nine of which go out separately through parti-  
cular Holes of the Basis Cranii; and the tenth, which arises from the Extre-  
mity of that Medulla, passes through the great Occipital Foramen.

3. THE Trunks from the Spinal Marrow are twenty-four Pairs, and may  
in general be termed Nervi Vertebrales, or Intervertebrales. Seven of them  
are called Cervical Nerves; twelve, Dorsal or Costal, being true Intercostal  
Nerves; and five, Lumbar; to which must be added, five or six Pairs that  
pass out through the Os Sacrum.

4. BEFORE I enter upon the particular Distribution of all these Nerves,  
and the Course of their Branches, Ramifications and Filaments, I think it  
proper to give a general Idea of them in the following Table.

5. THE Nerves of the Medulla Oblongata are these:

First Pair; Nervi Olfactorii.

Second Pair; Nervi Optici.

Third Pair; Nervi Motores Oculorum, Oculares Communes, Mus-  
culares Communes, Oculo-Musculares Communes.

Fourth Pair; Nervi Trochleares, Musculares Obliqui Superiores,  
vulgo Pathetici.

Fifth Pair; Nervi Innominati, Trigemini. The subordinate Trunks  
of this Pair are three on each side, viz. The Nervus Orbitarius,  
Maxillaris Superior, and Maxillaris Inferior.

Sixth Pair; Nervi Motores Externi, Oculares Externi, Musculares  
Externi, Oculo-Musculares Externi.

Seventh Pair; Nervi Auditorii, which are two on each side, one  
called Portio Mollis Nervi Auditorii; the other, Portio Dura,  
to which I give the name of Nervus Sympatheticus Minor.

Eighth Pair; Par Vagum Minus, which I call Nervi Sympathetici  
Medii.

*Nerves of  
the Medulla  
Oblongata.*



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*Nerves of  
the Medulla  
Spinalis.*

**Ninth Pair:** *Nervi Hypoglossici*, *Nervi Glosso-pharyngeales*, *Nervi Vagus*, *Nervi Accessorii*, *Nervi Sub-Occipitales*, *Nervi Cervicales*, *Nervi Thoracici*, *Nervi Lumbares*, *Nervi Sacri*, *Nervi Coccygei*.  
**Tenth Pair:** *Nervi Sub-Occipitales*, *Nervi Cervicales*, *Nervi Thoracici*, *Nervi Lumbares*, *Nervi Sacri*, *Nervi Coccygei*.  
**Eleventh Pair:** *Nervi Cervicales*, *Nervi Thoracici*, *Nervi Lumbares*, *Nervi Sacri*, *Nervi Coccygei*.  
**Twelfth Pair:** *Nervi Cervicales*, *Nervi Thoracici*, *Nervi Lumbares*, *Nervi Sacri*, *Nervi Coccygei*.

One Pair commonly called *Nervi Intercostales*, which I name *Nervi Sympathetici Majores*.  
Seven Pairs of *Nervi Cervicales*, or *Intervertebrales Colliculi*.  
Twelve Pairs of *Nervi Dorsales*, *Cervicales*, *Intercostales*, *Veni*, or *Intervertebrales Dorsales*.  
Five Pairs of *Nervi Lumbares*, or *Intervertebrales Lumborum*.  
Five or six Pairs of *Nervi Sacri*.  
Two *Nervi Diaphragmatici*, each formed by a Trunk of the first, second, third, and fourth Pair of Cervical Nerves.  
*Nervi Brachiales* of each side, formed by the fifth, sixth, and seventh Pairs of Cervical Nerves, and by the first Pair of the Dorsales.

From these Nerves, six Branches arise on each side, viz.  
*Nervus Musculo-Cutaneus*.  
*Nervus Medianus*.  
*Nervus Cubitalis*.  
*Nervus Cutaneus Internus*.  
*Nervus Radialis*.  
*Nervus Axillaris*, five Articularis.

*Nervi Crurales* of each side, formed by the first, second, and third Pairs of the *Nervi Lumbares*; and partly by the fourth and fifth.

Each of these Nerves is divided into three Portions, which are  
*Nervus Femoris Cruralis*, five *Cruralis Superior*.  
*Nervus Tibiae Cruralis*, five *Cruralis Tibialis*.  
*Nervus Cruralis Pedis*, five *Cruralis Pedialis*.

*Nervi Sciatici*, each formed by the Trunks of the last two Pairs of the *Nervi Lumbares*, and by the three or four following Pairs of the *Nervi Sacri*.

The principal Division of each of these Nerves produces the following:

*Nervus Sciatico-Cruralis*.  
*Nervus Sciatico-Popliteus*.  
*Nervus Sciatico-Tibialis*.  
*Nervus Sciatico-Peroneus*.  
*Nervus Plantaris Internus*.  
*Nervus Plantaris Externus*.

8. I refer the Subdivisions of the Nervi Innominati, or of the fifth Pair, and those of the three Nervi Sympathetici, to the particular Description, in which I shall trace the Branches, Ramifications, and even the most remarkable Filaments, all the way to where they enter the Muscles, Viscera, Organs, &c. and I shall pursue their Course still further in the particular History of each of these Parts.

9. THE first Pair of Nerves of the Medulla Oblongata, or Nervi Olfactorii, formerly named Processus Mammillares, arise by medullary Fibres, anteriorly and exteriorly from the Eminences of the Cerebrum, called Corpora striata, between the anterior and middle Lobes. *Nervi Olfactorii.*

10. THEY run forward, toward the Os Ethmoides, on each side the Crista Galli, in form of medullary Ropes, having a very slender Consistence; and in this Course they receive some medullary Fibres from the anterior Lobes of the Cerebrum.

11. THEY are at first very thin, but as they advance, they grow gradually larger and softer, and having reached the sides of the Crista without any Communication betwixt them, they send off a great number of Filaments, which run through the Holes of the Lamina Cribrosa.

12. IN their passage through these Foramina, they are accompanied and invested by the same number of small Productions from the two Laminæ of the Dura Mater, as by particular Vaginae; and they are afterwards distributed by an infinity of small Filaments to the Membrane, which lines all the internal Parts of the Nose.

13. EACH olfactory Nerve communicates by particular Filaments with some Branches of the Nervi Ophthalmici and Maxillaris Superior.

14. THE Optic Nerves arise from the Eminences of the Cerebrum, called Thalami Nervorum Opticorum; and being first of all incurvated outward, they afterwards approach each other, as they run over the Sella Sphenoidalis of the Basis Crani, at which place they unite a little, and afterwards separate again in their passage to the Foramina Optica, to the Orbits, and Globe of the Eyes. *Nervi Optici.*

15. THIS Union of the Optic Nerves is on the anterior part of the Glandula Pituitaria, and is of a very singular kind, as we shall see in the particular Description of the Head.

16. THE third Pair of Nerves, commonly called Motores Oculorum, arise immediately before the Border of the anterior Edge of the great transverse Protuberance, ordinarily termed the Processus Annularis of the Medulla Oblongata. *Nervi Motores Oculorum Communis.*

17. EACH Nerve perforates the Dura Mater, behind the lateral Parts of the posterior Apophysis of the Sella Sphenoidalis; and afterwards runs along the upper part of the Sinus Cavernosus of the Dura Mater, on one side the Curvature of the Carotid Artery, to the superior Orbital, or Sphenoidal Fissure.

18. FROM thence it passes into the Orbit, and divides into four Branches, one superior, one internal, and two inferior, one of which is long, the other short.



## THE ANATOMY OF

19. THE superiour Branch goes off as soon as the Trunk enters the Sphenoidal Fissure, and runs directly to the lower side of the Musculus Rectus superior of the Globus of the Eye.

20. HAVING reached the middle of that Muscle, or thereabouts, it sends up a Ramus to the Levator Palpebrae superioris; and when this Ramus goes off nearer the Sphenoidal Fissure, it may be looked upon as the second superiour principal Branch of the Motor Oculi.

21. THE other three Branches go off at some distance from the superiour Branch. The internal Branch is distributed to the Musculus Rectus internus of the Eye; the short inferior Branch, to the Rectus inferior; and the long inferior Branch, to the Obliquus inferior, into the Substance of which it penetrates, after having run along the Rectus inferior.

22. BESIDES these four or five Branches, there is a small short Branch, which arises most commonly from that which goes to the Musculus Obliquus inferior; and it forms a small lenticular Ganglion, that detaches several very fine Filaments round the Optic Nerve.

23. THE Filaments of the Ganglion perforate the Tunica Sclerotica of the Eye, and then run between this Coat and the Choroides, all the way to the Iris, where they are distributed by very fine Ramifications.

24. THE small lenticular Ganglion produces likewise other nervous Filaments, which communicate with the Ramus Internus or Nasalis of the orbitary Nerve.

25. THE fourth Pair of Nerves of the Medulla Oblongata, or Nervi Trochleares, are long and small, arising behind the Eminences called Nates, from the lateral part of the medullary Expansion, which lies above the passage between the third and fourth Ventricles of the Brain.

26. FROM thence they go on each side to the Edge of the Fold formed by the Dura Mater, on the Extremity of the Apophysis Petrosa, behind the Sella Sphenoidalis, that is, by the anterior Portions of the Septum Transversum.

27. THERE, each Nerve perforates the Edge of the Fold, above the Passage of the Nerve of the third Pair, and more backward and outward. Afterwards, it runs in the Duplication of that Fold, on one side of the Nerve of the third Pair, along the upper part of the Sinus Cavernosus, and passes into the Orbit through the Sphenoidal Fissure, and into the Musculus Trochlearis. Its Course is oblique over the other Nerves and neighbouring Muscles, and it sends off small Filaments on each side; appearing to communicate with the first Branch of the fifth Pair or Nervus Ophthalmicus.

Nervi-Tri-gemini.

28. THE fifth Pair of Nerves is very large, and they arise anteriorly from the lateral Parts of the transverse Protuberance of the Medulla Oblongata, by a great number of Filaments closely united together, which afterwards form two large flat Trunks, one on each side. Each Trunk runs toward the Apex of the neighbouring Os Petrosus, where it perforates the Dura Mater, a little below the Edge of the Extremity or anterior Portion of the Septum Transversum of the Brain.

29. HAVING detached some Filaments to the Apex of the Apophysis Petrosa, or to a kind of Sefamoide Bone, which is often found near this Apex, it enters the Sinus Cavernosus; and having sent some other Filaments to the Dura Mater, it expands in the Sinus, and forms a kind of Plexus, or flat irregular Ganglion.

30. AFTERWARDS, the Trunk is divided into three large Branches more or less flatted, which run through the Cavernous Sinus, being closely connected to the spongy Filaments thereof, and bathed in the venal Blood, which it contains. These three Branches are disposed laterally on one Vertical Plane, and separate after the manner of a Goose's Foot.

31. THE first Branch commonly called Nervus Ophthalmicus Willisii, is the smallest and longest of the three, and enters the Orbit through the Sphenoidal Fissure; for which reason I name it Nervus Orbitarius.

32. THE second or middle Branch, called also Nervus Maxillaris superior, passes through the superior maxillary Foramen of the Os Sphenoides.

33. THE third or inferiour Branch, called likewise Nervus Maxillaris inferior, goes down through the Foramen Ovale or Maxillare inferius of the sphenoidal Bone. The two maxillary Nerves are united at their Origin, for which reason, some Anatomists have divided the large Trunk into two principal Branches; and the second of these Branches, into two others.

34. THE Orbitaly or Ophthalmic Nerve, which is the first Branch of the fifth Pair, as soon as it enters the Orbit, through the sphenoidal Fissure, is divided into three Rami, one superiour or frontal, one internal or nasal, and one external or lacrymal; and before its Entry, it sometimes gives and sometimes receives communicating Branches. It communicates by a Filament or two with the Nerve of the sixth Pair, and with the Nerve commonly called Intercoastalis.

*Nervus Orbitarius vel 5<sup>o</sup> Ophthalmicus.*

35. THE Ramus Superior or Frontalis, which might likewise be termed Nervus Superciliaris, is the most considerable of the three, and runs along the superiour Part of the Orbit close to the Membrane which lines it, sending Filaments to the Fat which surrounds the Globe of the Eye, to the neighbouring Membranes, and to the Musculus Levator Palpebrae.

36. AFTERWARDS it passes through the Foramen Superciliare, and being divided toward each side, it is spent on the neighbouring Portions of the Musculus Frontalis, Orbicularis and Integuments; communicating with a neighbouring Ramus of the Portio Dura of the Auditory Nerve.

37. The Ramus Internus or Nasalis of the Orbitaly Nerve, runs toward the Nose; and near its Origin sends off a Filament, which communicates with the small lenticular Ganglion already mentioned.

38. THIS Filament comes sometimes from the Trunk of the orbitaly Nerve before the Division, and adheres to the internal Ramus all the way to where the Motor Communis is divided.

39. THIS Nasal Ramus runs first of all, obliquely over the Optic Nerve, and under the two Musculi Levatores, giving off some Filaments to the nearest Parts of these Muscles. Afterwards it runs between the Musculus Rectus internus and obliquus major, along the inside of the Orbit; and

in



in its passage sends a small Filament through the internal orbital Hole, of which hereafter.

40. FROM thence it passes over the Musculus Rectus Internus, to the greatest or internal Angle of the Eye, where it is distributed to the neighbouring Parts, that is, to the Caruncula and Sacculus Lacrymalis, to the nearest Portions of the Musculus Orbicularis, Superciliaris, Pyramidalis Nasi, and to the Integuments.

41. THE small lateral Filament which it sends through the orbital Hole, returns into the Cranium, running up from before, backward, on one side of the Os Cribrosum, and having reached the Fore-part of the Duplication of the Dura Mater, it joins the Filaments of the Olfactory Nerve, on the Lamina Cribrosa, together with which it passes through the anterior Holes of that Lamina, and is distributed to the Nose.

42. THE Ramus Externus or Lacrymalis goes chiefly to the Glandula Lacrymalis, upon which it is distributed, and from whence it has its Name. It seems sometimes to be a Branch from the Ramus Frontalis, and it often arises from the Orbital Nerve more posteriorly than the other Branches. It adheres closely to the Dura Mater, and runs obliquely along the inside of the Orbit, on the Musculus Rectus Externus, to the Glandula Lacrymalis.

43. BEFORE it reaches the Gland, it sends a small Branch to the external lateral Part of the Orbit, which is sometimes lost in the Diploë of the Cranium, and sometimes perforates the neighbouring Part, either of the Os Frontis, or Os Malæ, &c. sending Filaments to the nearest Portions of the Musculus Temporalis, Orbicularis Palpebrarum, Masseter, &c. and of the Integuments; and it likewise gives Filaments to the Fat and Membrana Conjunctiva of the Eye.

*Nervus  
Maxillaris  
Superior.*

44. THE superiour maxillary Nerve, the second Branch of the fifth Pair, goes out of the Cranium between the Foramen Ovale and Fissure of the Os Sphenoidale, passing through the Foramen Rotundum or Maxillare Superius of the same Bone.

45. IMMEDIATELY after its passage, it sends a Filament to the outside of the Orbit, which having perforated the Os Malæ, is distributed to the Parts which cover that Bone, communicates with a neighbouring Branch of the Portio Dura of the Auditory Nerve; and sends small Filaments to the Fat in the lower Part of the Orbit.

46. SOON afterwards, it is divided into three Rami, the first of which I name Suborbitarius, the second, Palatinus, and the third, Spheno-Palatinus, which last is sometimes only a Branch of the first; but still the common Division may be retained.

47. THE Sub-Orbital Ramus, is the most considerable of the three. It runs in the Canal of the inferiour Portion of the Orbit, and goes out by the exterior orbital Hole, which is sometimes double.

48. IN this passage it sends downward through the Holes of the Canal, small Filaments which enter the Sinus Maxillaris, and are distributed to the Membrana Pituitaria in that Sinus, to the Substance of the Bone, to the Alveoli,

## SECT. VI. OF THE HUMAN BODY.

Alveoli, to the anterior Dentes Molares, and to the Dentes Canini and Incisores.

49. As it enters the Canal, it sometimes gives off a Filament to the posterior Molares, and among all these Filaments there is at least one, which runs along the upper side of the Arch of the Palate, to the Union of the *Ossa Maxillaria*.

50. This Ramus having passed out of the bony Canal, through the *Foramen Sub Orbitarium Anterior*, is distributed to the *Musculus Orbicularis Palpebrarum*, to the neighbouring Muscles of the Nose and Lips, and to the Integuments, communicating with a Ramus of the *Portio Dura* of the Auditory Nerve.

51. This Ramus Palatinus of the superior maxillary Nerve runs down before the Pterygoide Apophyses of the *Os Sphenoides*, in the Canal formed by the *Os Maxillare* and *Os Palati*; and having passed out of that Canal, through the *Foramen Palatinum posterius*, it is distributed by several Filaments to the Glandular Coat of the Palate, to the *Septum Palati* and Muscles belonging to that Part. Some of these Filaments go as far as the *Foramen Palatinum Anterior* or *Incisorium*.

52. As it runs down in the Canal, it is at first a little bent, and then sends Filaments to the *Musculus Pterygoideus Externus*, to the *Peri Staphylini*, and to the Arch of the Pharynx. It likewise sends other Filaments through the small Holes in the posterior Part or Tubercle of the *Os Maxillare*, to the *Sinus Maxillaris* and posterior Dentes Molares.

53. THE Ramus Spheno-Palatinus passes through the bony Hole of the same Name, and is distributed to the *Musculus Pterygoideus Internus*, to the posterior Parts of the Nares, to the neighbouring *Sinus Sphenoidalis*, and to the *Tuba Eustachiana*.

54. It likewise sends a Filament through the *Foramen Pterygoides*, which perforates the Root of the Apophysis Pterygoides from behind forward, and joins the *Nervus Maxillaris inferior*.

55. THE inferior maxillary Nerve, the third Branch of the fifth Pair, is larger at its Origin, than the other two. It goes out of the Cranium by the *Foramen Ovale* of the Sphenoidal Bone, and runs between the two Musculi Pterygoidei, below the great Sinus of the lower Jaw, where it enters the bony Canal of that Jaw.

56. As soon as it leaves the Cranium, it sends off four principal Branches, and before it enters the Canal of the lower Jaw, it gives off another to the Tongue. The four first Branches arise very near each other, so that the Size of this Nerve decreases very much between the Musculi Pterygoidei.

57. THE first Branch of this Trunk runs up to the Temporal Muscle, on the inside of which it is distributed, and also between its Fibres.

58. THE second Branch runs behind the Condyle of the lower Jaw, where it divides into two Filaments, which run from within, outward, and communicate with the neighbouring Ramus of the *Portio Dura* of the Auditory Nerve, behind the outside of the Condyle.



59. At the Origin of these two Filaments, it sends off a small Ramus, which runs up before the external Ear toward the Temples, giving Filaments to the Concha of the Ear in its passage.

60. THE Ramus of this Trunk passes between the two Apophyses of the lower Jaw, perforates the lower part of the Temporal Muscle, and gives it several Filaments.

61. AFTERWARDS it bends downward upon the Musculus Masseter, to which it is chiefly distributed, giving Filaments to the neighbouring Integuments, and communicating with the Portio Dura of the Auditory Nerve, on the side of the Os Mala. It terminates by Filaments which go to the Musculus Buccinator, to the Muscles of the Under Lip, and to the Integuments of these Parts.

62. THE fourth Branch of the Trunk of the inferior maxillary Nerve, is oftentimes no more than a Ramus of the third Branch, which goes off near its Origin. It passes over the Musculus Pterygoideus Externus, to which it gives Filaments, and is distributed to the Pterygoideus Internus, and to the nearest Portion of the Temporalis.

63. It is likewise distributed to the Musculus Buccinator, to the Glands of the Mouth and Muscles of the Lips. Sometimes it sends off a Filament, which runs up upon the Concha of the external Ear.

64. BESIDES these four Branches, several small Filaments go off on each side, one of which runs to the Foramen Pterygoideum, where it joins a Filament of the Nervus Maxillaris Superior, and then continues its Course to the Membrane which covers the Vomer and neighbouring Parts of the internal Nares.

65. THE Ramus that goes to the Tongue, which may be termed Nervus Lingualis or Hypoglossus Minor, to distinguish it from the Hypoglossus Major, which belongs to the ninth Pair, is detached from the Maxillaris Inferior, as it passes between the Musculi Pterygoidei, and sometimes a little sooner.

66. It is a very considerable Branch, and sometimes nearly as large as the Trunk which it accompanies between the two Muscles already mentioned, and leaving it a little above the Canal of the lower Jaw, it runs over the Pterygoideus Internus, and gives it some Filaments.

67. THIS Ramus Lingualis, a little after its Origin, communicates with the Trunk by a short collateral Branch which is sometimes Plexiform. At this place it sustains a particular Filament, which according to the common Opinion arises from it, and goes to the internal Ear.

68. THIS particular Filament of the Nervus Lingualis is supposed by Anatomists, to be a Recurrent which runs up backward through the Tympanum, and joins the Portio Dura of the Auditory Nerve. But as the Angle, which it makes with the small Nervus Lingualis, is very acute, and turned forward, there is more reason to think that it comes from the internal Ear to that Nerve, as we shall see more at length in the Description of that Organ.

69. AFTERWARDS this Lingual Ramus passes under the lateral part of the Tongue, and over the Glandula Sublingualis, giving Filaments to the neighbouring

neighbouring Portions of the Muscles of the Tongue, and to those of the Os Hyoides and Pharynx.

70. HAVING communicated by several Filaments, with the Extremities of the Nerve of the ninth Pair, or Lingualis Major, it enters the Substance of the Tongue, and terminates near its Apex or Point.

71. LASTLY, the inferiour maxillary Nerve, before it enters the Canal of the lower Jaw, sends Filaments to the neighbouring Portions of the Musculus Pterygoidæus Internus, Digastricus, &c. It likewise detaches a Filament or two along the Periosteum, to be distributed to the Musculus Mylo-Hyoidæus, and Glandula Sublingualis. The Marks of these Filaments often appear upon the Bone, all the way from their Origin, and sometimes they pass through a small intire bony Canal, lying on the Surface of the inside of the Bone.

72. AFTER the inferiour maxillary Nerve enters the Canal of the lower Jaw, it runs under the Alveoli, and distributes Filaments to each Tooth, all the way to the Hole near the Chin, where it sends another Ramus forward, into the Diploë, which is distributed to the other Teeth, that lie between that Hole and the Symphysis of the Chin.

73. THE Motores Externi, which make up the sixth Pair of Nerves from the Head, are smaller, but yet a little larger than those of the fourth Pair. They arise from the Union of the Medulla Oblongata, between the great transverse Protuberance, and the Corpora Olivaria; from whence they advance to the Dura Mater, and enter it on the Extremity of the Production of the Os Occipitis behind, and a little on one side of the Symphysis of that Bone with the Os Sphenoides.

74. EACH of these Nerves runs afterwards in the Cavernous Duplicature of the Dura Mater, on one side of the Bottom of the Sella Sphenoidalis, and of the Carotid Artery, to which it adheres very closely, and it there communicates with a Branch of the fifth Pair, by one or two short Filaments, as has been already said in the Description of the Orbital Nerve.

75. IMMEDIATELY after, and behind this Communication, the Motor externus sends down a Filament, which at first appears to run from before, backward, like a Recurrent, and presently enters the large Bony Canal of the Apophysis Petrosa, on one side of the internal Carotid Artery.

76. THIS Nervous Filament, which is sometimes double, is commonly taken for the Root or Origin of the celebrated Intercostal Nerve, which I term Sympatheticus Major; but as it makes an acute Angle in an opposite Direction, with the Nerve of the sixth Pair, it seems rather to run up with the Carotid Artery, and to join that Nerve, than to arise from it. The Progress of this Nerve shall be continued in the Description of the great Sympatheticus.

77. THE Nerve of the sixth Pair, which I have sometimes seen double or split in two Parts, before it enters the Dura Mater, passes afterwards thro' the Sphenoidal or Superiour Orbital Fissure, to the Musculus Rectus Externus of the Globe of the Eye.

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*Nervi Auditorii.*

78. THE Nerves of the seventh Pair, termed Auditorii, arise from the lateral and posterior part of the great transverse Protuberance of the Medulla Oblongata. Each of these Nerves is double, or consists of two Ropes, which accompany each other very closely to the Foramen Auditorium Internum of the Apophysis Petrosa.

79. ONE of these Ropes is small, solid and anterior, being called the Portio Dura; the other less solid and posterior, called Portio Mollis.

80. THE Portio Mollis terminates in the great Fossula of the Foramen Auditorium Internum, and is distributed to the Organ of Hearing through several other small Holes. This Portion alone deserves the name of the Auditory Nerve; but the particular Description thereof must be referred to that of the Ear.

81. THE Portio Dura passes through the small Fossula of the internal auditory Hole, into the winding Duct of the Apophysis Petrosa, and goes out by the Foramen Stylo-Mastoideum, to the Face and other neighbouring Parts. As it passes through the winding Duct or Aqueduct of Falloppius, it touches the Dura Mater at the small opening on the upper side of the Apophysis Petrosa, where it joins some Filaments from the fifth Pair.

82. It likewise gives off a Filament to the Muscle of the Stapes; and as it goes out, it gives or receives another Filament which passes by the Tympanum, and joins the Ramus Lingualis of the inferior Maxillary Nerve, as we shall see more particularly in the History of the Ear.

83. I choose to call this Portion of the Auditory Nerve, Nervus Sympatheticus Minor; to the Description of which I now proceed.

*Nervi Sympathetici Minores.*

84. THE Trunk of each Nerve of the Portio Dura, or of the Sympathetici Minores, having passed through the Ductus Petrosus Falloppii, and having communicated with the Dura Mater, &c. as has been already said, sends off, at about the sixth part of an Inch from where it goes out at the Stylo-Mastoide Hole, two Branches, one upward, the other downward.

85. THE superior Ramus runs up chiefly to the posterior parts of the external Ear, to which it is distributed; communicating, as it passes behind the Ear, with a Ramus of the second Pair of the Cervical Nerves; and forward, with a Branch of the Maxillaris Inferior.

86. THE inferior Ramus is spent on the three Musculi Styloidei, Digastricus, and on the superior Extremity of the Sterno-Mastoideus, reaching in some Subjects as far as the middle of that Muscle. In place of these two single Rami, small Ramifications go out sometimes from the Trunk.

87. AFTERWARDS the Trunk of the Portio Dura advances forward, through the Parotid Gland, to which it gives several Filaments; some of these Filaments running from without inwards, and surrounding that Branch of the external Carotid Artery, which runs behind the Ear. Sometimes, tho' very seldom, the Trunk itself is split to give passage to the Artery.

88. THIS Trunk having passed through the Parotid Gland, behind the Angle of the lower Jaw, is divided into two large Branches, one superior, the other inferior.

89. THE superiour Branch of the Portio Dura is the most considerable of the two, and having run upwards for about the third part of an Inch, it divides into seven or eight Rami.

90. THESE Rami are spread superficially, and in an irregular radiated manner, on all the lateral parts of the Face, from the Hair as low as the Under Lip, between the Ear and Nose; distributing a prodigious number of Cutaneous Nerves.

91. IN some Subjects these Rami, at their first separation, form a kind of Plexus which resembles a Goose's Foot.

92. THE first, second, and third Rami are distributed to the anterior part of the Ear, on the lateral parts of the Head, the temporal and frontal Muscles, and the neighbouring parts.

93. ONE of these Rami, and sometimes the large superiour Branch, detaches inward behind the Condyle of the lower Jaw, and before the temporal Vein, two or three Filaments which communicate with the inferiour Maxillary Nerve.

94. THE fourth Ramus goes to the Foramen Superciliare, or Supra-Orbitarium, giving in its passage, several Filaments to the external lateral and superiour parts of the Musculus Orbicularis Palpebrarum; and afterwards communicating with the Orbitary Nerve, which goes out by the same Foramen.

95. THE fifth Ramus is distributed by small Filaments on the lateral part of the Cheek, and is partly lost in some small Holes at the Basis or Root of the Zygoma; giving likewise some Filaments to the external lower part of the Musculus Orbicularis Palpebrarum.

96. THE sixth and seventh Rami, and likewise the eighth when it is found, are spread on the whole Cheek as far as the Nose.

97. ONE of these latter Rami passes under or behind the Musculus Zygomaticus, to which it gives Filaments; and then perforating and giving Filaments to the middle lower part of the Musculus Orbicularis Palpebrarum, it goes to the inferiour Orbitary Hole in the Os Maxillare, and communicates with the Nervus Maxillaris Superior.

98. THE last Ramus communicates by some Filaments, with a neighbouring Ramus of the large inferiour Branch of the Portio Dura.

99. THIS large inferiour Branch, which is something less than the superiour, run under the Angle of the lower Jaw, and is distributed by several Rami to all the inferiour lateral parts of the Face, and to the neighbouring parts of the Throat, where it chiefly terminates by a vast number of Cutaneous Filaments.

100. THE upper Rami of the large inferiour Branch run up on the Musculus Masseter, to the lower part of the Zygomaticus, Buccinator, and other Muscles of the Lips.

101. ONE of these superiour Rami communicates with one of the inferiour Rami of the upper Branch, as has been already said; and by the Intervention thereof, it communicates likewise in some measure with the Sub-Orbitary Ramus of the Nervus Maxillaris Superior, or that which goes out by the Foramen Sub-Orbitarium.



*Nervi Sympathetici Medii.*

102. THE most considerable of all these Rami, runs forward along the Basis of the lower Jaw, sending Filaments to the Musculus Cutaneus, and to the Muscles of the Under Lip, which it perforates near the Chin, and there communicates with the Nervus Maxillaris Inferior.

103. THE inferior Rami run under the lower Jaw, giving Filaments to the Glandula Sub-Maxillaris, and is distributed to the Throat on the Musculus Cutaneus, intersecting the external Jugular Vein. One or more of these Rami are observed to run down to the middle of the Musculus Sternomastoidæus, where it communicates with a Ramus of the second Vertebral Pair.

104. THE Nerves of the eighth Pair, called by the Ancients Par Vagum, and which I have named Nervi Sympathetici Medii, arise from the posterior part of the Medulla Oblongata, from the great transverse Protuberance, and from the anterior part of the Corpora Olivaria, by several separate Filaments which are afterwards collected in a Fasciculus, that runs toward the anterior part of the Foramen Lacerum of the Basis Crani, where it perforates the Dura Mater immediately before the Extremity of the great lateral Sinus.

105. THE passage of this Nerve is divided from that of the Sinus, by a small Membranous Septum of the Dura Mater, and by the little bony Prominences of the Foramen Lacerum, mentioned in the Description of the Sceleton.

106. THIS great Fasciculus does not penetrate the Dura Mater through a single Opening, and as one Rope; for several of the anterior Filaments form a particular Portion, divided from the main Body by a very thin membranous Septum.

107. THE Filaments which compose the large Portion, when carefully examined, seem to perforate the Dura Mater separately, by small Holes or Pores, which lie very near each other.

108. TWO of these two Portions go out separately, they are look'd upon as a common Trunk; and the small Portion is look'd upon as a Branch of the great one, which lies behind the other, and is esteemed the true Trunk of this eighth Nerve.

109. As this Trunk goes out, it receives backward a small nervous Rope, which runs up laterally from the Spinal Canal, and passing through the great Occipital Hole on the Dura Mater, joins this Trunk. This small Rope is termed Nervus Accessorius Octavi Paris, or Nervus Spinalis.

110. As the two Portions pass through the Dura Mater and Foramen Lacerum, they are closely united together, and communicate by Filaments which increase the Size of the small Portion. The large Portion communicates likewise with the Nervus Accessorius, to which it is strongly connected during this passage.

111. THE small or anterior Portion having passed out of the Cranium, separates from the large one as a Branch from a Trunk; and from thence it has been called the first Branch of the eighth Pair.

112. It is bent in form of an Arch, and passing interiorly on the side of the Digastric Muscle, it supplies the Musculi Genio-Hyoidæi, those near the Basis of the Tongue, and those of the Pharynx.

113. ABOUT two Fingers breadth from where it leaves the Cranium, this Portion sends backward, one Ramus which is bent in the same Direction like an inverted Arch; and detaches from its convex side, at least three Filaments. The first, which is sometimes double, communicates with the Trunk of this eighth Pair, on one side of the Ganglion of the Intercostal or great Sympathetic Nerve. The second joins the Nervus Accessorius, and the third goes to the Pharynx.

114. AFTERWARDS this small Portion goes to the Tongue, as has been said, where it communicates with the Extremities of the small Nervus Hypoglossus, or Ramus Lingualis of the inferior Maxillary Nerve, and with those of the great Hypoglossus or Nerve of the ninth Pair.

115. THE large Portion of the eighth Pair, or middle Sympathetic Nerve, adhering by one side to the first Ganglion of the Sympatheticus Maximus, and by the other, to the Hypoglossus Major, to both which it gives communicating Filaments, sends off a little below the small Portion, another smaller Branch, which goes by several Filaments to the Pharynx.

116. A little below, or on one side of the Union of the eighth Pair with the ninth, this Portion or Trunk forms a Ganglion, and gives off a third Branch, which runs before the internal Carotid Artery, to the Larynx, Musculi Laryngis, Glandula Thyroides, and Muscles of the Os Hyoides.

117. THIS third Branch passes between the Cornu of the Os Hyoides and the Ala of the Cartilago Thyroides, and running in between that Cartilage and the Cartilago Cricoides, it communicates with the Extremities of the Nervus Recurrens, of which hereafter.

118. AFTERWARDS, the large Trunk runs down on the fore side of the first Ganglion of the Nervus Sympatheticus Maximus, along the anterior Vertebral Muscles of the Neck, by the side of the Carotid Artery, and behind the internal Jugular Vein; being accompanied by the Intercostal Nerve as far as the last Vertebra of the Neck.

119. THROUGH all this Course, this Trunk is invested by a kind of Cellular, Filamentous, or Membranous Vagina, common to it with the internal Carotid Artery, the internal Jugular Vein, and the great Sympathetic Nerve. In its passage it gives small Rami to the neighbouring Parts, to the Pharynx, Œsophagus, and to the Carotid Artery and Jugular Vein. One of these small Rami, in its course downward, joins a small Ramus of the second Cervical Pair, and is distributed to the Glandula Thyroides.

120. THE Trunk having reached as low as the Larynx and Glandula Thyroides, sends out a Ramus, which, running down on the fore-side of the internal Carotid Artery, joins a Filament from the second Ganglion of the Intercostal Nerve, with which it runs to the Plexus Pulmonaris.

121. AFTERWARDS, both Trunks of the Nerves of the eighth Pair enter the Thorax, before the Origin of the Subclavian Arteries, which they cross, and run behind the Lungs, to the Œsophagus. At this place there is some difference



difference in the distribution of the two Trunks, which in every other respect is pretty much the same.

122. As the right Trunk passes before the subclavian Artery, it sends off a considerable Branch which sends backward under the Artery, and runs up on one side of the Aspera Arteria, to which, and to the Oesophagus, it sends Filaments as high as the Larynx. This Branch is called Nerve Recurrens.

123. This Recurrent Nerve having reached the Larynx, sends Ramuli to the Muscles thereof, to the Pharynx and Glandula Thyroides. Then it runs behind the Cornua of the Cartilago Thyroides, where it joins the Extremity of the third Branch of the Trunk of this eighth Pair, communicating with it in the manner already said.

124. The right Trunk having given off the Recurrent of the same side, runs down on one side of the Aspera Arteria, and behind the Origin of the right Lung, where it adheres to the Oesophagus, and in this course it sends out several Branches.

125. The uppermost Branches run on the fore-side of the lower Extremity of the Aspera Arteria and Bronchia, and are all united to Filaments of the great Sympathetic Nerve, before the Bifurcation of the Trachea, and likewise to the Ramifications of the same Nerve from the other side. The other Branches which the Trunk sends off, as it runs down behind the Bronchia and Lungs, unite with Filaments of the great Sympathetic Nerve.

126. The left Trunk of the eighth Pair is ramified in the Thorax, much in the same manner with that of the right side, with this difference only, that the left Recurrent Nerve goes out lower than the right, for it passes below the great Curvature of the Aorta, and behind the Ductus of Ligamentum Arteriosum, and afterwards runs up on one side of the Trachea Arteria, to the Larynx much in the same manner with the other.

127. This difference in the going off of the two Recurrents, is the reason why the left Trunk does not run down so straight as the right, and the left Recurrent gives off some of the Branches, which answer to those which come from the Trunk itself on the right side.

128. IMMEDIATELY after the Origin of the left Recurrent, the left Trunk sends down a Branch which goes partly to the Plexus Pulmonaris, and partly to the Oesophagus and Aorta.

129. These reciprocal Ramifications of both Trunks of the eighth Pair, and their mutual Communications with the Filaments of the Intercostal or great Sympathetic Nerve, of which presently, form particular Intertextures called Plexus; the most considerable of which are those called Plexus Cardiacus, and Plexus Pulmonaris.

130. The Plexus Cardiacus is formed above the Lung, on the fore side of the Bronchia, and produces a great number of Filaments, some of which go to the Pericardium, and the rest go through it, round the great Vessels, to be distributed to the Heart.

131. The Plexus Pulmonaris is composed of the following Ramifications which the two Trunks send off, as they run down behind the Lungs. Some of

of the Filaments detached from thence, run above the Bronchia at their Origin; but the greatest part run below, being distributed along with them thro' the whole Lungs.

132. **BESIDES** these Plexus, the two Trunks give off Rami to the Parts near which they pass; such as the posteriour part of the Mediastinum, Œsophagus, and Aorta; and by all these Ramifications the Trunks are gradually diminished.

133. **AFTER** having sent off the two Plexus, these Trunks change in a very remarkable manner. The Trunk on the right side runs insensibly backward, as it descends, and to that on the left side, forward in the same manner.

134. **IN** their passage, they send several Filaments forward and backward to the Œsophagus, which unite at different distances, both with the Filaments from the same Trunk, and with the like Filaments from the Trunk on the other side; and the posteriour Filaments from the left Trunk, are in some Subjects more considerable than the anterior ones from the right Trunk.

135. **THESE** repeated Divisions and Reunions which represent a kind of Plexus, cause the original Trunks to degenerate in some measure, into two particular Ropes, one anterior, the other posteriour, which are called Nervi Stomachici.

136. **THE** posteriour Stomachic Nerve arises principally from the right Trunk, and the anterior, from the left Trunk; and accordingly the posteriour Rope is oftentimes much stronger than the anterior, because of the difference between the Filaments, of which each of them is made up.

137. **THESE** two Stomachic Ropes pass along with the Extremity of the Œsophagus, through the Opening in the small Muscle of the Diaphragm, and are distributed on the Stomach. The anterior Rope is spread on the upper, or as it is commonly called, the fore-side, and the posteriour, on the lower or backside.

138. **THE** Ramifications of both Ropes communicate with each other, and form particular Intertextures chiefly near the upper Orifice of the Stomach, and along the small Curvature, all the way to the Pylorus; by all which a kind of Plexus is formed, called Coronarius Stomachicus.

139. **THIS** Coronary Plexus thus formed, sends off near its Origin two small Ropes; one of which seems to come chiefly from the great anterior Stomachic Rope, the other from the posteriour Rope. These two small Ropes unite near the Trunk of the Hepatic Artery, which having accompanied for a little way, they are divided into two very short Branches.

140. **THESE** two Branches run presently afterwards to the right and left hands, immediately above the transverse Rope, which forms the Communication between the semi-lunar Ganglions of the two great Sympathetic Nerves; and they terminate by uniting with this Rope in a triangular Form.

141. **IN** this manner end the Nerves of the eighth Pair, or the Sympatheticus Medius of each side, by contributing together with the Sympatheticus Maximus, to the Formation of several Plexus in the Abdomen, which



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are ascribed principally to the last named Nerve. Among these are the Plexus Hepaticus, Splenicus, Mesentericus, and even the Renales.

142. We see likewise that these two great Pairs of Nerves have a perpetual Correspondence through all the Viscera of the Abdomen, as well as in the Thorax, as we shall show more particularly hereafter.

*Nervi Accessorii Occipitalis Paris.*

143. THE Nervi Accessorii of the eighth Pair arise by several Filaments from both sides of the Medulla Spinalis of the Neck, sometimes higher, and sometimes lower. Each of them runs up between the two nervous Planes which come out from the spinal Marrow, to form the Vertebral Nerves, and they gradually increase in their course upwards by means of several Filaments which they receive from the posterior nervous Planes.

144. HAVING reached above the first Vertebra, each Nerve is fixed to the backside of the Ganglion of the Nervus Sub-Occipitalis, or that of the tenth Pair; and having at the upper part of this Adhesion, received two Filaments from the posterior Portion of the Medulla, they part from the Ganglion, and continue their course upward. I have sometimes found these two Filaments without any Communication with the Ganglion, or with the anterior Plane; so that they seem rather to belong to the Nervus Accessorius, than to the Sub-Occipitalis.

145. THEY enter the Cranium by the great Occipital Foramen; and having communicated with the Origin of the Sub-Occipitalis, or Nerves of the tenth Pair, and with the great Hypoglossi or ninth Pair, they return out of the Cranium with the Nerves of the eighth Pair, or Sympathetic Medii, with which they communicate in their common passage through the Cranium.

146. As soon as they get without the Cranium, each of them gives off a considerable Branch, which divides into two. One is very short, and immediately joins the Trunk of the eighth Pair; the other, which is longer, joins the small Portion or first Branch, which goes to the Tongue. They likewise communicate with the great Hypoglossus and Sympatheticus on each side.

147. AFTERWARDS the Nervus Accessorius runs backward, and perforating the Musculus Sterno-Mastoidæus, runs to the Trapezius, on which it is distributed, and terminates after having supplied the Rhomboides. In this course, it communicates with the first three Pairs of the Cervical Nerves, and gives Rami to the Glands of the Neck, to the Musculus Angularis of the Scapula, the Complexus, Occipitalis, and to the Integuments.

*Nervi Hypoglossi Externi, five Majores.*

148. THE ninth Pair of Nerves, as they are commonly called, or the Par Linguale, arises on each side, between the Corpora Pyramidalia and Olivaria, by several small Filaments which uniting together, form ordinarily two small Ropes on each side. These two Ropes perforate the Dura Mater, by two small separate Holes, and afterwards soon unite in one Trunk on each side, which goes out of the Cranium, by the anterior Condylar Hole of the Os Occipitis.

149. As soon as they leave the Cranium, each Trunk adheres very closely to the outside of the Trunk of the eighth Pair, and to that of the tenth. From thence each Nerve passes on the fore-side of the large Ganglion of the Sympatheticus Maximus, and runs between the internal Jugular Vein, and the neighbouring Carotid Artery, and then to the Tongue on one side of the Digastric Muscle.

150. In its passage between the Jugular and Carotid, it sends down a Branch to the Jugular Glands, Musculus Cutaneus, &c. and behind the first Ganglion of the Intercostalis, it detaches another, which runs down till it joins the Nerve of the eighth Pair, or Sympatheticus Medius. A little afterwards, it gives off a third to the Musculus Omo-Hyoidæus, Sterno-Hyoidæus, and to the small Muscles of the Larynx.

151. AFTERWARDS this Trunk of the ninth Pair bends near the Angle of the lower Jaw, and runs forward between the Musculus Cerato-Basio-Glossus and Mylo-Hyoidæus, under the Genio-Glossus; to all which Muscles it gives Filaments, and it is afterwards lost in the Tongue, communicating with the Filament of the Ramus Lingualis of the inferior maxillary Nerve, and with the Ramus of the same name, belonging to the eighth Pair.

152. BEFORE it bends near the Angle of the lower Jaw, a little below the Apophysis Styloides of the Os Temporis, it communicates with the first Cervical Pair, and then sends a small Ramus to the Larynx, and another more considerable one, which runs down behind the Musculus Sterno-Mastoideus, on the anterior Muscles of the Neck, and communicates with the first and second Vertebral Pairs.

153. THIS last Ramus communicates likewise with the Portio Dura of the Auditory Nerve, and with the following Vertebral Pairs; after which, it terminates chiefly in the Musculus Sterno-Hyoidæus, and Sterno-Thyroidæus.

154. THE Sub-Occipital Nerves, or those of the tenth Pair, arise a little lower, and more laterally than the former, at the Extremity of the Medulla Oblongata, opposite to the posterior Part of the Condylode Apophyses of the Os Occipitis. *Nervi Sub-Occipitales.*

155. THEY come on each side from the anterior Part of the Medulla, by a single Plane of small Filaments, and communicate by some collateral Filaments, with the first Cervical Pair, before they pierce the Dura Mater.

156. THEY pierce the Dura Mater directly outward, opposite to their Origin, at the same place where the Vertebral Arteries perforate it inwards; both going in a manner, through the same Holes, and the Nerves lying below the Arteries.

157. AFTERWARDS they run down in the Duplication of the Dura Mater, and emerge again under the Edge of the great Occipital Foramen, crossing the Elongation or Occipital Funnel of that Membrane.

158. HAVING passed out of the Cranium, each of them runs to the posterior Notch of the superior oblique Apophysis of the first Vertebra of the Neck,



Neck, in which it runs from behind forwards, in company with the vertebral Artery, which lies above it in the same Notch. *159.* When it leaves this Notch, it forms a Ganglion, and gives Filaments to the Muscles Recti and Obliqui of the Head, besides one which runs down in the transverse Foramina of the Vertebrae of the Neck, along the Blood-Vessels which lie there.

*160.* Having formed this Ganglion, and sent off these Filaments, it turns forward and downward over the transverse Apophysis of the first Vertebra, forming a sort of Arch with an ascending Ramus of the first Cervical Pair.

*161.* This Arch surrounds the Fore-part of the transverse Apophysis, and has several Communications with the first Ganglion of the great Sympathetic Nerve, and by its convex side, adheres very closely to those of the eighth and ninth Pairs.

*162.* The superior Part of this Arch or Ganglion sends up a considerable Nerve, which is increased by the Addition of a short Ramus belonging to the first Cervical Pair, and running upward and backward on the convex side of the Os Occipitis, is distributed to the superior and lateral Parts of the Head, by several Ramifications. This Branch is termed Nervus Occipitalis.

*163.* These Sub-Occipital Nerves have this in common with the other Nerves of the Medulla Oblongata, that each arises only by one anterior Fasciculus of Filaments, without any posterior Fasciculus, as in the vertebral Nerves. We sometimes observe indeed, a small posterior single Filament on each side, but this seems rather to belong to the Nervus Accessorius of the eighth Pair, than to the Tenth.

*164.* The particular Description of the Course, Division, and great Extent of the Nervus Sympatheticus Maximus, commonly called Intercostales, will come in most properly after that of all the vertebral Nerves, with which they almost universally communicate.

*165.* The vertebral Nerves are all those which arise from the Medulla Spinalis, and go out from the great Canal of the Spine, through the lateral Foramina formed by the corresponding Notches in the Vertebrae.

*166.* The Original Trunk of each vertebral Nerve arises commonly by two flat Fasciculi of medullary or nervous Filaments, one anterior, the other posterior. These two Fasciculi on each side run towards each other, and perforate laterally the Production of the Dura Mater; after which, they presently unite in a kind of Ganglion, from which the Trunk is produced.

*167.* I reckon the vertebral Nerves by Pairs, in the common manner, beginning by those which pass between the first and second Vertebra. This Enumeration agrees with that of the Vertebrae themselves; there being seven Pairs of vertebral Nerves belonging to the Neck, termed Cervicales; twelve to the Back, called Dorsales; five to the Loins, named Lumbales; and five or six to the Os Sacrum, called Sacri.

*168.* This Distribution is fixed chiefly by the Dorsal Nerves, called Costales, for there is exactly the same number of these Nerves as of Ribs, and the

*The Vertebral Nerves in general*

the first Pair of Costal Nerves passes between the first and second Vertebrae of the Back.

169. This is not the proper place to take notice, that the spinal Marrow from which all these Nerves arise, does not go down so low as the bony Canal of the Spine. These Observations must be referred to the Description of the Brain, of which this Medulla is the true Continuation.

170. The first Pair of Cervical Nerves passes between the first and second Vertebra of the Neck, lying more backward than the subsequent Pairs, and having larger Ganglions. First Pair of Cervical Nerves.

171. The Trunk of each of these Nerves, sends out anteriorly a small Ramus, which runs up on the fore-side of the transverse Apophysis of the first Vertebra, and forms a communicating Arch with the small descending Ramus of the Nervus Sub-Occipitalis of the same side, already mentioned; and consequently communicates likewise with the great Sympathetic Nerve.

172. Posteriorly it sends out a considerable Branch, which is soon increased by a communicating Branch from the second Cervical Pair. This Branch communicates also with the Sub-Occipitalis, and afterwards passes between the Musculus Complexus and Rectus Minor Posticus of the Head; and bending backward, is distributed to the other small posterior Muscles of the Head, and to the Splenius, Complexus, and Trapezius. It passes next, over these Muscles to the Occiput, where it is ramified, backward, upward, and forward, to the Musculus Occipitalis, and Temporalis of the same side.

173. It likewise gives off a Filament, which dividing into two, sends up one Portion to the Musculus Sterno-Mastoidæus, round the Nervus Accessorius Octavi Paris, or Sympatheticus Medius, and running afterwards behind that Muscle, it is distributed to the Splenius.

174. The other Portion of this Filament runs downward, and bending in a particular manner, communicates with the second Cervical Pair, and with the Sympatheticus Major. It likewise sends smaller Filaments to the anterior Muscles of the Head and Neck, and to the Sterno-Mastoidæus, and Splenius.

175. One of these small Filaments communicates with the great Nervus Lingualis, or ninth Pair from the Brain, and goes to the Musculus Sterno-Hyoidæus, Thyro-Hyoidæus, and Thyroide Glands.

176. The second Cervical Pair passes between the second and third Vertebra of the Neck, and as it goes out, communicates forward with the great Ganglion of the Sympatheticus Maximus, upwards, with the first Cervical Pair, and downward, with the third. Second Pair of Cervical Nerves.

177. AFTERWARDS the Trunk on each side is divided into several Branches; but from the place of its Union with the first Pair, it sends off first of all, one Filament, and then another from where it joins the third Pair.

178. Lower down, these two Filaments unite into one, which runs down along the internal Jugular Vein, and then forming a considerable Arch, runs up along the Carotid Artery, as high as the Parotid Gland, where it joins and communicates with the Trunk of the ninth Pair of the Medulla Ob-longata.



longata. A Filament is detached from the Curvature of Arch which is sent on the Musculus Coraco-Hyoidæus, Sterno-Hyoidæus, and Sterno-Thyroidæus.

179. **ORIGIN** of the Sterno-Mastoidæus. The Trunk sends off a Branch which behind that Muscle, communicates with the Nervus Accessorius of the eighth Pair, after the manner of a Plexus.

180. This Branch runs afterward behind the Musculus Splenius, perforates the upper Portion of the Trapezius, between the great Occipital Nerve and the Ear, and ascends to the lateral Part of the Occiput, where it communicates with its fellow from the other side. It is distributed on each side to the Muscles just mentioned, and to the Angularis Scapulae.

181. The Trunk of this second Cervical Pair sends down other Branches to the middle part of the Musculus Trapezius, Sterno-Mastoidæus, and neighbouring vertebral Muscles; and sometimes we observe a Communication backward, between this Trunk and the third Cervical Pair.

182. HAVING given off these Branches, this Trunk advances toward the posterior Edge of the middle Portion of the Sterno-Mastoidæus, upon which it bends from behind forward, sending out several Branches. The first Branch runs downward and backward, and is distributed by several Rami to the Musculus Scalenus, Transversalis Colli, &c.

183. The second Branch communicates with the third Cervical Pair, at the place where this Pair produces the Diaphragmatic Nerve, to the Formation of which it contributes. The third Branch is only a Filament which running upward, communicates with one or two Filaments of the inferior Branch of the Portio Dura Nervi Auditorii.

184. THE Extremity of this Curvature on the fore-side of the Sterno-Mastoidæus, is divided into two Branches, one of which runs upward, the other downward. The superior Branch ascends on this Muscle, to the lower part of the Ear, sending one Ramus behind the Ear, and another to the Parotid Gland, where it joins the Trunk of the Portio Dura of the Auditory Nerve, and runs up on the fore-side of the Ear.

185. THE inferior Branch runs from behind forward, to be ramified on the Musculus Cutaneus, and distributed to the Integuments of the Throat, in which it is lost near the Larynx, having first given Rami to the Musculi Sterno-Hyoidæi. It likewise communicates with a descending Branch of the Portio Dura, and with another of the ninth Pair from the Brain.

186. NEAR its Origin, this inferior Branch sends down a Ramus on the back-side of the Sterno-Mastoidæus, gives other Rami to the Jugular Glands, to the Fat and Integuments of the lateral and lower part of the Neck, and passes before the middle Portion of the Clavicula, below which it is lost in the lateral Integuments of the Thorax.

187. THE third Cervical Pair passes between the third and fourth Vertebræ of the Neck, and communicates upward with the second Pair, downward with the fourth, and forward with the great Sympathetic Nerve, and with a Filament from the ninth Pair of the Medulla Oblongata. It communicates

Third Pair  
of Cervical  
Nerve.

communicates likewise with the Nervus Accessorius of the Sympatheticus Medius, by a Filament which goes to the Musculus Trapezius.

188. EACH Trunk of this third Pair, sends several Branches to the anterior, posterior, and lateral Parts of the Neck, that is, to the Muscles, Glands, Membranes, Fat and Skin, all the way to the neighbouring upper Parts of the Thorax and Shoulder.

189. AMONG the posterior Branches, there is one which goes to the Musculus Supra-Spinatus, and passing over the Notch in the superior Costa of the Scapula, gives Filaments to the Extremity of the Omo-Hyoideus; and there is another small one, which in its passage to the Musculus Trapezius, communicates with a Filament of the Nervus Accessorius of the eighth Pair.

190. OF the middle Branches, some go to the Jugular Glands, to the Musculi Subclavi, to the neighbouring Portions of the Pectoralis, Deltoides, and Trapezius, and to the Integuments which lie thereabouts.

191. AMONG the anterior Branches, there is one, which being strengthened by a Ramus from the second Cervical Pair, unites lower down with another Ramus of the fourth Pair, and thus forms the Nervus Diaphragmaticus.

192. THIS Diaphragmatic Nerve runs on the foreside of the Musculus Scalenus, and enters the Thorax behind the anterior Extremity of the Clavicula, receiving immediately afterwards, a Filament from the first Dorsal Pair, and communicating with the great Sympatheticus. It runs down obliquely forward, before the Subclavian Artery, and on one side of the Nervus Sympatheticus Medius, near the Origin of the Recurrent.

193. IN the Thorax, this Diaphragmatic Nerve runs down immediately before the Origin or Root of the Lung, along one side of the Pericardium, to which it adheres very closely, and then running a little backward, it soon enters the Diaphragm.

194. IT is distributed by numerous Ramifications on the great Muscle of that Organ, sending likewise some Filaments to the lower Portion, by which it communicates with the great Sympathetic Nerve, and with the neighbouring Plexus of the Abdomen.

195. THE right Diaphragmatic Nerve runs along the Vena Cava superior, and on that account appears to be situated more anteriorly than the left.

196. THIS left Diaphragmatic Nerve lies first of all a little backward, toward the Trunk of the Aorta, and afterwards runs in a longer Course than the right, being bent, in order to pass by that Portion of the Pericardium, which answers to the Apex of the Heart; for which reason it is longer than the right. From thence it is bent backward, and distributed to the Diaphragm in the same manner with the other.

197. THE last four Cervical Pairs pass between the Portions of the Musculus Scalenus, being in general larger than the three former. They are united by their Trunks, and together with the communicating Branch of the third Pair, and Trunk of the first Dorsal Pair, they form a very large Plexus, which is in a manner inclosed in a membranous Vagina, and produces

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six considerable Ropes, like so many particular Trunks, which are distributed to the upper Extremity, and go by the general name of Nervi Brachiales.

198. THE Brachial Nerves consist of six Ropes on each side, as has been said; and in the Year 1697, M. Duverney gave to five of them, the following names: Nervus-Musculo-Cutaneus five Cutaneus Externus, Medianus, Cubitalis, Cutaneus Internus, and Radialis, taking for a Branch of the Radialis that Nerve which I look upon as the sixth principal Rope, and which I name Axillaris, or Articularis.

199. THESE six Ropes do not arise separately; and their Origin is so complicated, that it is not an easy matter to determine it: but in general, it seems that each of the five vertebral Pairs, which form the great Plexus, contributes to the Formation of each Brachial Rope.

200. FOUR of these Nerves arise anteriorly from the great Plexus, viz. the Musculo-Cutaneus, Medianus, Cubitalis, and Cutaneus Internus; and the other two, the Radialis and Axillaris, arise posteriorly.

201. THE five vertebral Pairs form the large Plexus in the following manner.

202. THE fourth and fifth Cervical Pairs, about an Inch or more after they go out, unite into one common Trunk. The seventh Cervical and first Dorsal Pair unite likewise into one Trunk, very near their Origin. The sixth Cervical Pair runs singly for a considerable space, between the two other Trunks, and afterwards is increased by a communicating Portion which it receives from each of them.

203. THESE five large vertebral Nerves on each side, thus mingled, interwoven and complicated together, divide again, and are disposed in a quite different manner from what is ordinary, forming the six Brachial Ropes. There is, however, some Variety in this Plexiform Union and Mixture.

204. THE manner in which the six Brachial Nerves arise from the great Plexus, is commonly as follows.

205. THE Nervus Musculo-Cutaneus is formed by the Union of the fourth and fifth Cervical Pairs, and by their collateral Communication with the third and sixth Pairs.

206. THE Medianus comes on one side, from the Union of the sixth Cervical Pair, with the fourth and fifth; and on the other, from the Union of the seventh Pair, with the first Dorsalis. These two Unions form an acute Angle, the Apex of which produces the Median Nerve.

207. THE Cubitalis goes out from the Union of the seventh Cervical, with the first Dorsal Pair, a little nearer the lower side of the Angle of the Medianus.

208. THE Cutaneus Internus arises much in the same manner.

209. THE Radialis is the largest of the six, and goes out from the Apex of another nervous Angle, the upper side of which is formed by the Union of the Trunks of the fourth, fifth and sixth Pairs; and the lower side by the Union of the seventh Cervical and first Dorsalis.

210. THE Axillaris goes out close to the Radialis, chiefly from the upper side of the Nervous Angle, and it communicates with all the rest.

# SECT. VI.

## THE HUMAN BODY.

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211. BEYOND the great Brachial Nerves, several small Branches go out from each of the last four Pairs; and it will be proper to describe all these Branches, together with the Trunks they belong to, before we go on to the Distribution of the Brachial Nerves.

212. THE fourth Cervical Pair passes between the fourth and fifth Vertebrae of the Neck, and communicates above with the third Pair, below, with the fifth, and forward with the great Sympathetic.

Fourth Pair of Cervical Nerves.

213. It sends several Rami to the Musculus Scalenus, Angularis Scapulae, Rhomboides, Trapezius, and Pectoralis Major; and likewise gives off a Filament, which contributes to the Formation of the Nervus Diaphragmaticus. Afterwards it advances a Finger's breadth without any Ramification, and joins the Trunk of the fifth Cervical Pair.

214. AT the place of this Union or a little before, it gives out a pretty considerable Branch, which having sent a Filament to the Musculus Subscapularis, passes through the small Notch in the superior Costa of the Scapula, and gives other Filaments to the Supra-Spinatus. This Ramus runs afterwards under the last named Muscle, and under the Acromium, to the Infra-spinatus, and Teres Minor.

215. THE fifth Cervical Pair passes between the fifth and sixth Vertebrae of the Neck, communicating with the fourth and sixth Pairs, and with the great Sympatheticus.

Fifth Pair of Cervical Nerves.

216. AFTERWARDS each Trunk sends forward a Ramus, which uniting with a like Ramus from the sixth Pair, is distributed to the Musculus Scalenus, to the Surface of the Pectoralis Major, and to the neighbouring Integuments. This Trunk sends off likewise near its Origin another Ramus, which runs down behind the Origin of the sixth Pair, from which it receives a small communicating Filament.

217. BEING thus strengthened, it runs down on the outside of the Thorax, and is distributed to the Muscles situated there; passing first under the two Pectorales, and then between the Serratus Major and Subscapularis.

218. AFTERWARDS continuing its Course downward, it reaches the anterior, middle and almost the lower part of the Latissimus Dorsi at the third false Rib, and terminates in this Muscle, and in the Integuments.

219. THE sixth and seventh Cervical Pairs having passed in the common manner, under the sixth and seventh Vertebrae of the Neck, and having communicated with the other Nerves near them, send several Filaments to the neighbouring Parts.

The last two Pairs of Cervical Nerves.

220. THE Branch of the sixth Pair, which unites anteriorly with a like Branch of the fifth Pair, to be distributed on the Thorax, as has been said, sends down a Filament, which together with another common to the seventh Cervical, and first Dorsal Pair, forms a kind of Arch, under which the Axillary Artery passes.

221. ALL these Nerves give Filaments to the neighbouring Integuments; and some go likewise to the Axillary Glands.

222. THE Musculo-Cutaneous Nerve, which naturally lies on one side of the Cutaneous Internus, arises from the Union of the fourth and fifth

Nervus Musculo-Cutaneus.



## THE ANATOMY OF

Cervical Pairs, and partakes of their lateral Communication with the third and sixth Pairs.

223. HAVING reached the upper Extremity of the Musculus Coraco-Brachialis, it perforates it obliquely from above downward, and gives it several Filaments. Afterwards it runs down on the Arm behind, and under the Biceps, to both Portions of which it gives Rami.

224. HAVING got from behind the Biceps, it runs from within outward, between the lower Extremity of that Muscle and of the Brachialis, which it likewise supplies. In the Fold of the Arm, it reaches the Skin immediately behind the Vena Mediana, and there it becomes a true Nervus Cutaneus. From thence it runs along, between the Supinator Longus and the Integuments, on the inside of the Cephalic Vein, all the way to the Thumb.

225. IT is distributed to the Integuments on the fore-side of the Carpus to those of the Thumb and of the convex part of the Hand. Before it reaches the Wrist, it passes over the Cephalic Vein, and communicates at the Thumb with a Branch of the Radial Nerve.

*Nervus  
Medianus.*

226. THE Nervus Medianus lies between the Musculo-Cutaneus and Cubitalis. It arises from the Union of three Branches, one belonging to the sixth cervical Pair, one to the seventh, and one to the first Dorsalis. In some Subjects it is formed by the Union of two principal Branches, one of which comes from the Union of the first Dorsalis with the last Cervicalis the other from the Union of the fourth, fifth, and sixth Cervicales.

227. IT runs down on the Arm, along with the Brachial Artery, under the inner Edge of the Biceps, having first pass'd behind the inferior Insertion of the Coraco-Brachialis, and reaches the Fold of the Arm between the lower Extremity of the Musculus Brachialis and Pronator Teres, giving Filaments in its passage to all these Muscles on both sides.

228. IT passes behind the Ramus Medianus of the Basilic Vein, as it approaches the inner Condyle; and then runs backward cross the Pronator Teres, and downward between the Perforatus and Perforans to which it gives Rami.

229. BELOW the Pronator Teres, it sends off a particular Ramus, which runs along the Interosseous Ligament, behind the Pronator Quadratus, all the way to the Wrist, giving Filaments to that Muscle.

230. AFTERWARDS, having detached some Cutaneous Ramifications, the Trunk passes under the internal transverse Ligament of the Carpus, to the Palm of the Hand, where it sends off numerous Rami to the Musculus Thenar and Anti-thenar, two to the lateral concave parts of the Thumb, two to those of the Index, two to those of the middle Finger, and one to the nearest side of the Ring Finger, after having communicated with a Ramus of the Cubital Nerve. These Rami go all the way to the ends of the Fingers, supplying the Integuments, Ligaments, and Tendons.

*Nervus  
Cubitalis.*

231. THE Cubital Nerve arises from the Union of the seventh Cervical, with the first Dorsal Pair; and communicates with the lower Root of the Median Vein.

232. It runs down on the inside of the Arm, along the Musculus Anconæus Maximus, between the Brachial Artery and the Basilic Vein; sending off only small Filaments to the neighbouring Muscles and Integuments.

233. It runs in between the inner Condyle of the Os Humeri and the Olecranon, where it is covered only by a kind of Ligament, and by the common Integuments; and this is what makes strokes upon the Elbow so painful, even all the way to the little Finger where this Nerve ends.

234. AFTERWARDS it runs down on the Musculus Ulnaris Internus, giving Filaments to the neighbouring Muscles, to the Pronator Quadratus and Integuments; and at the lower Extremity of the Ulna, it is divided into two Branches, one large, the other small.

235. THE large Branch, which may be reckoned the Continuation of the Trunk, passes on one side of the Os Pisiforme, under the great transverse Ligament of the Carpus, to that part of the Palm of the Hand which answers to the last two Fingers, where it gives some Filaments to the Integuments and Ligaments of the Carpus.

236. AFTERWARDS it divides into three particular Branches, one of which forms a kind of Arch, being distributed to the neighbouring small Muscles of the Thumb and to the Interossei; the second is bifurcated, and goes to the corresponding lateral concave parts of the Ring and little Fingers; and the third goes to the opposite lateral part of the little Finger, and to the neighbouring Muscles.

237. THE small Branch is turned outward, behind the Tendon of the Ulnaris Externus, and goes to that part of the Back of the Hand which answers to the last two Fingers. It is distributed to the lateral convex parts of these two Fingers, much in the same manner as the other Branch, to the lateral concave Parts. It likewise Supplies the Musculus Hypothenar, Metacarpus, and the Integuments, and communicates with a Ramus of the Nervus Medianus.

238. THE internal Cutaneous Nerve is very small, and arises from the Union of the seventh Cervical and first Dorsal Pairs, but chiefly from the latter. It runs over the other Brachial Nerves, and passes down on the inside of the Arm, between the Muscles and Integuments. *Nervus Cutaneus Internus.*

239. It divides first of all into two Branches, which accompany each other very closely, as far as the inner Condyle, on one side of the Vena Basilica, being covered by the Ramus Medianus of that Vein.

240. ONE of these Branches runs down under the Integuments, which cover the Musculus Radialis Internus and Ulnaris Gracilis, and is afterwards ramified on the Skin which covers the Wrist and beginning of the Palm of the Hand.

241. THE other Branch runs a little more backward along the Integuments which cover the Musculus Ulnaris Internus and Ulna, upon which it is ramified all the way to the little Finger.

242. THE Radial Nerve, so called, because it accompanies the Radius and the Radial Artery, arises from the Union of three compound Branches, *Nervus Radialis.*



one of which comes from the united Trunks of the fourth and fifth Cervical Pairs; the second from the single Trunk of the sixth Pair, and the third from the united Trunks of the seventh Cervical and first Dorsal Pairs.

243. THE Trunk of this Nerve lies deeper than the rest; and it runs first of all, from before backward, bending round the Os Humeri, between the Musculi Anconæi and that Bone.

244. THIS Curvature is oblique and contorted, answering to the Impression observable on the Bone; and above it, the Radial Nerve gives Branches to the three Anconæi, especially to the Longus and Externus. Afterwards it turns from behind forward, between the Anconæus Externus and Brachialis.

245. IT sends off from the Curvature or Arch, some Cutaneous Rami, the most considerable of which goes to the external Condyle of the Os Humeri, and is distributed to all the Integuments which cover the Radius on the fore and outer Sides, and to those which cover the exterior parts of the Carpus and Back of the Hand, all the way to the Thumb.

246. AT the Fold of the Arm, the Radial Nerve turns outward, and runs down between the lower Extremity of the Musculus Brachialis and upper Extremity of the Supinator Longus, giving Rami to these and to the neighbouring Muscles.

247. HAVING reached the Extremity of the Radius, it divides into two, or rather sends off a large Branch, which passes between the Radius and Supinator Longus, below the middle of the Bone, where it runs in between the Supinator Longus and Radialis.

248. THIS Branch accompanies the external Radial Artery near the Integuments, and having got to the lower part of the Radius, it is distributed in three Rami, to the convex lateral parts of three Fingers and an half.

249. ONE Ramus goes to the internal lateral part of the Thumb, and to the Integuments. The second is divided into two for the external lateral part of the Thumb and anterior lateral part of the Index; giving Filaments in its passage to the Integuments of the metacarpal Bones. The third Ramus is divided into several lesser Ramifications which go to the posterior lateral parts of the Index, to both sides of the middle Finger, and to the anterior lateral part of the Ring Finger.

250. THROUGH all this Course, this Branch supplies the Integuments and Interosseous Muscles.

251. THE Trunk or largest Branch of the Radial Nerve, passes between the upper Extremity of the Radius and Musculus Supinator Brevis; and in its passage, supplies this Muscle, the Anconæus Minimus, Supinator Longus, and Radialis Externus.

252. AFTERWARDS it is lost in the Extensor Digitorum Communis, and in the Muscles of the Carpus and Thumb, having first communicated with a Ramus of the Musculo-Cutaneous Nerve.

*Nervus Axillaris.*

253. THE Axillary or Articular Nerve arises from the last two Cervical Pairs, and sometimes seems to be no more than a large Branch of the Nervus Radialis. It runs in the Hollow of the Axilla, behind the Head of

of the Os Humeri, between the Musculus Foris Major and Minor, and bends or turns from within outward and backward, round the Neck of that Bone, running between the Articulation and the upper Extremity of the Anconæus Longus, to the Deltoidea.

254. It is divided into several Rami, which go chiefly to the upper and lower parts of the Deltoidea, upon which they are inserted, supplying in their passage, the Sub-scapularis; the upper Extremity of the Anconæus Longus, Teres Major and Minor and Supra-spinatus. It likewise gives some Nerves to the Latissimus Dorsi, and Anconæus Externus.

255. The Dorsal or Costal Nerves consist of twelve Pairs, as has been already said, and they deserve more justly to be called Intercostales, than the great Sympathetic Nerve to which that name has been commonly given. *Nervi Dorsales five Costales.*

256. They have this in common with each other, that as soon as they leave the Vertebrae of the Back, before they begin to accompany the Ribs, they send out two Filaments anteriorly which communicate with the great Sympathetic Nerve and several Filaments backward, to the Vertebral and other Muscles.

257. EACH of these twelve Pairs is numbered from the Vertebra, under which it goes out; thus the first Pair is that which passes under the first Vertebra of the Back, and so of the rest.

258. THE first Pair enters the Composition of the Nervi Brachiales, as has been said; and together with the second Pair, it sends off the Rami Phrenici.

259. THE seven Superior Pairs run along the under sides of the true Ribs, all the way to the Sternum; being distributed to the Intercostal Muscles, which they perforate likewise from within outward, to go to the Sternus Major, Pectorales and external Integuments.

260. THE seventh Pair having reached the Cartilaginous Portion of the seventh true Rib, runs down to the broad Muscles of the Abdomen, to which it is distributed.

261. THE lowest five Pairs leave the Extremities of the false Ribs, and go to the Muscles of the Abdomen.

262. THE eleventh Pair gives likewise some Filaments to the Diaphragm, and then runs in between the Musculi Transversales and Peritonæum.

263. THE twelfth is distributed to the Transversales and Obliqui Interni.

264. ALL these Nerves send numerous Ramifications through the Muscles, to the Integuments; which form the Cutaneous Nerves of the Thorax, of the upper two Regions of the Abdomen, and of the Superior Portion of the Loins.

265. ALL the five Pairs of Lumbar Nerves send Filaments backward to the vertebral Muscles, communicate with each other, and with the great Sympatheticus on each side, and are covered by the Psoas Muscle. *Nervi Lumbales.*

266. THE Branches which communicate with the great Sympathetic Nerve are long, because they advance forward a considerable way on the Bodies of the Vertebrae Lumbares.



First Pair of  
Lumbar  
Nerves.

267. THE Lumbar Nerves are denominated from the Vertebrae, under which they pass.

268. THE first Pair passes between the first and second Vertebrae of the Loins, and each receives a communicating Branch from the last Dorsal Pair, and gives out another to the second Lumbar Pair, or to a Branch thereof.

269. EACH Trunk communicates with the great Sympatheticus, by a pretty long Ramus; and afterwards gives out three Branches, one posterior, and two anterior, whereof one is external and large, the other internal and small.

270. THE posterior Branch perforates the Musculus Quadratus Lumborum, runs in between the back parts of the oblique Muscles of the Abdomen, pierces the Obliquus Externus, and is distributed to the Skin all the way to the Clunes. This Branch supplies also the vertebral Muscles, and Sacro-Lumbaris.

271. THE external anterior Branch perforates the upper Extremity of the Musculus Psoas, obliquely outward, passes over the Quadratus Lumborum, and runs along the Crista of the Os Ilium, to the anterior Spine of that Bone.

272. IT gives Filaments to the Abdominal Muscles, and supplies the Fascia Lata, neighbouring Integuments, and those of the anterior part of the outside of the Thigh, and the Inguinal Glands.

273. THE internal anterior Branch perforates the Psoas almost at the same place with the former, but a little more forward; and then passes over the Musculus Iliacus, to the beginning of the Ligamentum Fallopii, where it unites with the other anterior Branch, and by this Union forms a Nerve, which runs along that Ligament, and along the inside of the Aponeurosis of the Obliquus Externus, all the way to the Opening, commonly called the Ring of that Muscle.

274. THIS Nerve goes out by that Opening, and afterwards divides into several Cutaneous Filaments, which go to the Pubis and Integuments of the Parts of Generation in both Sexes, &c. It likewise supplies the spermatic Ropes, and those vascular Ropes falsely called the round Ligaments.

275. BESIDES these Branches, the Trunk of this first Pair, near its Union with the second, sends out two small Rami, closely united together, which run down behind the Psoas Muscle, over one tendinous Insertion of the small Muscle of the Diaphragm, in the third Vertebra of the Loins, and communicate with the great Sympathetic Nerve.

276. THESE two Rami accompany each other in this manner, all the way to the Ligamentum Fallopii; from whence one goes to the Testicles, in company with the spermatic Vessels; the other passes under the Ligament to the Skin and Glands of the Inguen.

277. AT the place of this Division, the Trunk sends a Branch directly downward, which joins the second Lumbar Pair, or rather a Branch thereof; and afterwards contributes to the Formation of the large Rope, termed Nervus Cruralis.

278. THE Trunks of the second Pair of Lumbar Nerves, go out between the second and third Vertebrae of the Loins; and having communicated with the first Pair, and with the great Sympathetic Nerve, each Trunk gives off several small Filaments to the neighbouring parts of the Musculus Psoas, and a large Ramus backward, to the Quadratus-Lumborum, Sacro-Lumbaris, Longissimus Dorsi, and neighbouring vertebral Muscles, the Quadratus having first been perforated by it. *Second Pair of Lumbar Nerves.*

279. AFTERWARDS the Trunk sends out a small Branch, which near its Origin joins a descending Ramus of the first Pair already mentioned. Being thus strengthened, it perforates the Head of the Psoas, runs along that whole Muscle, to the Fissure of the Obliquus Externus, and is distributed to the Inguinal Glands, to the Fat and Scrotum in Males, and in Females, to the Labia.

280. THE same Trunk sends out two other Branches, which accompany each other, and likewise a small Ramus between the Origins of these two, which goes to the upper part of the Psoas. These two Branches perforate the Psoas in different Places; and afterwards, continuing still near each other, they pass under the upper part of the Ligamentum Falloppii, and so go out of the Abdomen.

281. As they go out, they unite and form one Nerve, which is distributed by several Rami to the Inguinal Glands, the Aponeurosis Cruralis, and Integuments of the Fore-part of the Thigh, all the way to the Knee.

282. SOME of these Rami unite with those of the Nervus Cruralis; some are distributed to the Integuments on the inside of the Thigh; and one accompanies the Crural Artery, over one Branch of which, it runs in form of an Arch.

283. THIS Trunk sends out oftentimes another Ramus, which unites with one from the third, and one from the fourth Pairs, into a particular Rope, which passing to the Obturator Muscles, is named Nervus Obturator.

284. AFTERWARDS this Trunk runs downward, and having given a Ramus to the middle Portion of the Psoas Muscle, joins the Trunk of the third Pair, and contributes to the Formation of the Crural Nerve.

285. THE Trunks of the third Pair of Lumbar Nerves go out between the third and fourth Vertebrae of the Loins. Each Trunk communicates above with the second Pair, before, with the great Sympathetic Nerve, and below, joins the Trunk of the fourth Pair. It sends a considerable Ramus backward, between the transverse Apophyses which goes to the vertebral and other neighbouring Muscles. *Third Pair of Lumbar Nerves.*

286. BEFORE it unites with the fourth Pair, it sends a considerable Branch downward, and having received a communicating Branch from the second Pair, unites with one from the fourth Pair, and forms the Obturator Nerve.

287. It detaches likewise another large Branch which runs down between the Musculus Iliacus, and Psoas, and joins the Crural Rope on the outside of the lower part of the Muscle, last named. It may be reckoned a sort of Nervus Accessorius to the Cruralis.



## THE ANATOMY OF

288. As the Trunk runs along the Psoas, it gives off Filaments both to that, and to the Iliac Muscles; and sends down a Ramus, which communicates with the Ligamentum Fallopi, to the Mucosa Intestina; and finally, having joined a Branch of the second Pair, it unites with the fourth Pair, to form the Nervus Cruralis.

*Fourth Pair  
of Lumbar  
Nerves.*

289. The Trunks of the fourth Pair of Lumbar Nerves go out between the fourth and fifth Vertebrae of the Loins; and each communicates above, with the third Pair, and below, with the great Sympathetic Nerve, often times by two Filaments.

290. Each Trunk sends Ramus backward, to the vertebral and neighbouring Muscles, and afterwards completes the Formation of the Nervus Cruralis, together with the other Portions of the Lumbar Nerves, already mentioned.

291. From the same place, it sends off a considerable Branch, which joining a Branch from the third Pair, and one from the second, forms the Nervus Obturator.

*Nervus Ob-  
turator.*

292. Lastly, the remaining Part of the Trunk joins the fifth Pair of Lumbar Nerves.

293. THE Obturator Nerve, formed in the manner already described, runs along the inner lateral Part of the Psoas Muscle, to the Pelvis, and goes out of the Abdomen, at the upper Part of the Obturator Foramen, and Perforation of the Os iliopectineum.

294. As it goes out, it supplies the Muscles Obturatores and Pectineus, and is afterwards distributed by three principal Branches to all the Portions of the Triceps; and sends other Ramus between these Portions, to the Genuis Internus.

*Fifth Pair of  
Lumbar  
Nerves.*

295. THE fifth Pair of Lumbar Nerves passes between the last Vertebra of the Loins and Os Sacrum; each Trunk communicating above, with the fourth Pair, and below, with the great Sympathetic Nerve. It sends Ramus backward to the vertebral and neighbouring Muscles, and even to the Glutei; and as it bends forward, it sends a small Ramus to the Crural Nerve.

296. AFTERWARDS the Trunk runs down on the Symphysis of the Os Sacrum with the Os Ilium, enters the Pelvis, and having received a communicating Branch from the fourth Lumbar Pair, joins the Nervi Sacri, with which it forms a Plexus, that produces the Nervus Sciaticus, the largest Nerve of the Human Body, which is distributed to the lower Extremity.

*Nervi Sacri.*

297. THE Nervi Sacri are those that come from the Os Sacrum, the chief of which pass through the anterior Holes of that Bone, the rest through the lateral Notches at the Extremity of that Bone, and in the Os Coccygis.

298. THESE Nerves are reckoned likewise by Pairs, of which there are commonly six; four passing through the great anterior Holes, and two below them. This Number is increased, when there are five Pairs of great Holes; and some Filaments pass likewise through the posterior Holes.

300. The first Pair is very large; all the rest diminish gradually, and the last is very small.

301. Those which pass through the great Holes, unite together as soon as they enter the Pelvis, and together with the fifth Lumbar Pair, form the great Plexus for the Sciatic Nerve, already mentioned. They likewise send Rami backward through the Membranes of the posterior Holes, to the neighbouring Integuments.

302. The Trunks thus united and interwoven with each other, give off other small Branches, besides the great Sciatic Trunk; and it will be proper to describe the most considerable of these Branches, together with the inferior Nervi Sacri, before we enter upon the Detail of the Ramifications of the great Sciaticus.

303. This Disposition resembles very much that of the last four Cervical Pairs and first Dorsalis, which are not only interwoven together, to form the Brachial Nerves; but likewise send off many Branches from their Origin.

304. From this Intertexture of the Nervi Sacri, especially from the second Pair, a Branch goes out to the Vesiculæ Seminales, Prostate Gland, Uterus, Tubæ Falloppianæ, &c. Another Branch goes chiefly from the fourth Pair, partly to the places just named, and partly to the Bladder and Intestinum Rectum.

305. The same Intertexture, and chiefly the third Pair united in some Subjects with the second, and in others with the fourth, and sometimes with both, produces a Branch which goes out of the Pelvis over the Ligamentum Falloppii, passes on the inside of the Tuberosity, and inner Part of the Os Ischium, and is distributed to the Corpus Cavernosum, to the Muscles thereof in both Sexes, to the neighbouring Parts of Generation, and to the Sphincters of the Anus.

306. The last two Pairs of Nervi Sacri are very small. That which goes out immediately below the great Foramina, runs from behind forward, on each side, between the Extremity of the Os Sacrum, and Ligament of the Os Coccygis; being distributed chiefly to the Muscles of the Anus, and neighbouring Integuments.

307. The next or last Pair of Nervi Sacri runs down almost directly from the Extremity of the Canal of the Os Sacrum, and is likewise distributed to the Anus, Integuments, &c.

308. From the Extremity of the Plexus of all the Nervi Sacri, immediately before the Formation of the great Sciatic Rope, a Branch goes out to the Glutæus Medius and Minimus. Another goes out posteriorly, which is distributed partly to the Muscles of the Corpus Cavernosum, &c. and partly to the Glutæus Maximus, and neighbouring Integuments, by several Filaments, which reach as far as the Ham.

309. The Crural Nerve, formed by the complicated Union of the Trunks *Nervi Cruralis* of the first, second, and third Pairs of Lumbar Nerves, and of a Portion of the fourth, sometimes increased by a Branch of the fifth Pair, as has been already observed, passes under the Ligamentum Falloppii, and goes out of the



Abdomen, on the outside of the Crural Artery, which lies between this Nerve and the Crural Vein.

309. As it goes out, it is divided into several Branches, some of which are detached from its Union with the Ramus Accessorius of the third Pair, but the greatest Number goes out from the Trunk itself.

310. THE Branches which go from its Union with the Nervus Accessorius, run down on the fore-side of the Thigh; and having reached the middle of the Musculus Sartorius, they follow its Course, and are spent on the Integuments of the fore and inner Parts of the Knee.

311. The most anterior Branch passes on the Fascia Lata, or Aponeurosis Cruralis, forming Cutaneous Nerves all the way to the Knee.

312. The internal Branch runs along the Tendon of the Sartorius, in the same manner, all the way to its Insertion in the Tibia, where they are spent on the Integuments; and some of them go to the inner Ankle, and convey part of the Foot.

313. AFTERWARDS the Crural Rope divides into a great number of Rami, which in their Course downward, are distributed to the anterior Muscles, viz. to the Rectus, Vasti, and Crurales; giving Rami in their passage, to the Triceps, Sartorius, Gracilis Internus, and Semi-Tendinosus.

314. IT likewise gives off a Branch, which runs down inter-sourly between the Sartorius and Triceps, in the same Course with the Crural Vessels, as far as the middle of the Thigh.

315. AFTERWARDS it runs near the Integuments, behind the Sartorius, to which it gives several Filaments; and continues this Course all the way to the Insertion of that Muscle.

316. HAVING reached the Tibia, it lies near the Vena Saphena, and follows the same Course with it, as far as the inner Ankle, where it detaches a great number of Cutaneous Filaments.

317. LASTLY, it ends by Ramifications, on the inner and upper Part of the Foot; where one of the most anterior Ramifications adheres very closely to the Saphena.

318. THE great Sciatic Nerve being formed, as has been already said, or as it sometimes happens, from the last two Pairs of the Lumbares, and first three Pairs of the Sacri, runs obliquely backward, under the great Sinus of the Os Ilium, and under the Musculus Pyriformis.

319. IT goes this way, out of the Pelvis, passing between the Pyriformis, and superior Gemellus; and then running on the fore-side of the first of these Muscles, and presently afterwards behind the two Gemelli and Quadratus Femoris, it gives Filaments to each of them.

320. IT runs down in the next place, between the Tuberculum Ischii, and the great Trochanter, along the inner and posterior Part of the Thigh, between the Musculus Biceps and Semi-Nervosus, as far as the hollow of the Poples, a little nearer to the internal Condyle than to the external, giving Rami in its passage to all these Muscles; and to the Triceps, and diminishing gradually in Size as it descends.

Nervus  
Sciaticus.

321. As it goes out of the Pelvis, it gives out a Branch, which passes between the Portions of the Ligamentum Sciaticum, to the Anus, Perineum, Parts of Generation, &c. and this Branch joins a Ramus from the third Pair of the Nervi Sacri, which goes to the same Parts, as has been observed.

322. As it passes between the Tuberosity of the Ilium and the great Trochanter, it produces two Rami, one of which is spent on the Gluteus Maximus, the other divides into two, for the other two Glutei.

323. Below the great Trochanter, where it may be termed Nervus Sciatico-Cruralis, it sends back a Ramus, which runs down with the Sciatic Vein, and is distributed to the Integuments as low as the middle of the Calf of the Leg; and sometimes lower toward the outer Ankle.

324. THE Sciatic Nerve having reached the Ham, is commonly called Nervus Popliteus, and begins to be divided into two Branches, which run at first very close to each other between the Extremities of the Biceps and Semi-Nervosus; and afterwards separate gradually, passing behind the Condyles of the Os Femoris, between the superior Extremities of the Gastrocnemii.

325. THE innermost of these two Branches is very large, the outermost not so large. They are distributed to the whole Leg, and through this Course, they may be termed Nervi Sciatico-Tibiales.

326. THE large Branch of the Sciatico-Cruralis or Cruralis, Iocinus, which may likewise be termed Popliteus Internus, runs down behind the Musculus Popliteus, on one side of the Tibialis Gracilis, commonly called Plantaris, and between the two Gastrocnemii.

327. AFTERWARDS it pierces the upper Extremity of the Soleus, and runs down between this Muscle and the great Flexors of the Toes, to the lower Extremity of the Tibia, near the inner Ankle.

328. IN its passage, it sends small Rami to the Joint of the Knee, to the Gastrocnemius Internus, to the other Muscles last mentioned, and to the Integuments all the way down.

329. BESIDES these small Rami, it sends off another more considerable Branch towards its upper part, from which, one Filament goes to the Tibialis Posticus, another perforates the Interosseous Ligament, and is distributed to the upper part of the Tibialis Anticus.

330. Soon after this, it detaches externally a long Ramus, which runs down on the backside of the Leg, between the Integuments and external Gastrocnemius, on one side of the Vena Sciatica or Saphena Externa.

331. THIS long Ramus joins a Branch of the Sciaticus Externus Minor, sends off Filaments toward each side, through its whole Course, and having supplied the Tendo Achillis, passes behind and under the outer Ankle.

332. THIS Ramus passes afterwards on the outside of the Foot, where it is distributed to the Integuments, and neighbouring Muscles, and terminates on both sides of the little Toe, and on the outside of the Toe next to that.

333. THE large Sciatic Branch or Sciatico-Tibialis, having given off these different Ramifications, passes behind the inner Ankle, through a particular annular Ligament, and runs downward to the great lateral Sinus of the Os



Calcis, passing first between that Bone and the *Musculus Theras*, and then between it and the posterior insertion of the *Flexor Digitorum Brevis*. In this place, having first sent small Filaments to the neighbouring parts, it divides into two Ramus, named *Nervi Plantares*, one internal and longer the other external. The *Nervus Plantaris Internus* is distributed to the Foot, much in the same manner as the Radial Nerve to the Hand. It runs first along the inside of the Sole of the Foot, and sends Filaments to the *Theras*, *Flexor Digitorum Brevis*, and to the *Musculus Lumbocaudalis Accessorius*. After it sends four Branches to the lateral parts of the four parts of the first three Toes, and to the nearest lateral part of the fourth Toe. The first Ramus goes to the inside of the great Toe. The second divides into two, for the corresponding sides of the great Toe and the second. The third being bifurcated in the same manner, goes to the second and third Toes, and the fourth to the third and fourth Toes.

337. THESE Nerves communicate on each side at the Extremities of the Toes, and in their passage, give Filaments to the *Musculi Lumbocaudalis Interossei*, and neighbouring Ligaments and Integuments.

338. The external *Plantaris* passes between the *Musculus Lumbocaudalis Accessorius*, and the *Flexor Digitorum Brevis*, giving Filaments to these Muscles, to the *Interossei*, and to the *Hypothenar Minimi Digiti*; and afterwards it divides into two Branches.

339. The first Branch runs in the Interstice between the last two Toes, and being divided, goes to the corresponding lateral parts of both. The other Branch goes to the inferior external lateral part of the little Toe.

340. DURING this Course, the external *Nervus Plantaris* supplies the *Aponeurosis Plantaris*, and the Ligaments and Integuments in the same manner as the rest.

341. The small Sciatic Ramus or *Sciaticus Externus*, called likewise *Sciatico-Peroneus*, runs outward over the Head of the Fibula, and is divided into several Rami, among which there are three or four considerable, one posterior, one superior and anterior, one internal and anterior, and one external and anterior.

342. The posterior Ramus runs down between the Integuments and the Fibula, as low as the outer Ankle, and terminates in the outside of the Foot, having detached several Cutaneous Filaments in its passage.

343. About the middle of the Fibula, it sends out a small Ramus, which joins another Ramus from the large or tibial Ramus of the Sciatic Nerve, and is distributed together with it in the manner already said.

344. The posterior Ramus of the small Sciatic Branch, having reached the outer Ankle, runs up a little way on the Foot, towards the Root of the fourth Toe, where it divides into two smaller Rami.

345. One of these Rami divides into two others, for the corresponding lateral parts of the third and fourth Toes; the other goes to the external lateral part of the fourth Toe, where it joins a Ramus of the external *Nervus Plantaris*, which is distributed to the last two Toes.

346. AFTER having sent off the posterior Ramus, the small Sciatic Branch runs outward over the Head of the Fibula, and having given some Filaments to the Gastrocnemii and Soleus, it runs across the upper Extremity of the Peroneus Reticulus from behind forward, omi 23 bivib ii 2119

347. AFTERWARD it passes between the Bone and the Muscle last named, and sends several Filaments forward to the neighbouring parts, and then produces the three or four Rami already mentioned, which are distributed in the following manner.

348. The superior and anterior Ramus runs a little transversely between the Head of the Fibula and the upper Extremity of the Extensor Digitorum Longus, and having given Filaments to this Muscle, and to the Extensor Pollicis Longus, it is distributed to the upper Extremity of the Tibialis Anticus, giving Filaments to the neighbouring Integuments.

349. The inner anterior Ramus runs down on the fore-side of the interosseous Ligament, between the Extensor Pollicis Longus and Tibialis Anticus, giving Filaments to each of these Muscles.

350. It passes afterwards under the annular Ligament of the Extensor Muscles, behind the Extensor Pollicis, to the upper part of the Foot, under the Extensor Digitorum Brevis. In its passage, it gives Filaments to that Muscle, and to the first superior Interosseus.

351. HAVING communicated by a Filament with the external anterior Ramus, it is spent on the corresponding lateral parts of the first two Toes.

352. THE external anterior Ramus of the small Sciatic Branch, runs downward betwixt the Fibula and the Peroneus Longus, and then between the Peroneus Medius and Extensor Digitorum Longus, to which, and to the neighbouring Ligaments, it gives Filaments all the way to the upper side of the Foot.

353. IN this course, having run along about two third parts of the Leg, and having reached the great annular Ligament, it runs forward and toward the Integuments, being there divided into two Portions, one of which goes to the Great Toe, the other to the last Toes.

354. THE first Portion of this Ramus gives a Nerve to the internal lateral part of the Great Toe, and is afterwards distributed to the neighbouring Integuments on the convex side of the Foot, and lastly to the corresponding lateral parts of the Great and Second Toes.

355. THE other Portion which goes to the last Toes, is first of all join'd to a Filament of the first Portion, and afterwards to another from the internal anterior Ramus.

356. AFTER this Union, they are presently divided, and distributed to the last two Toes, and to the Integuments. One Filament arising from this Union, joins a Ramus belonging to the great Sciatic Branch.

357. IT is the common Opinion, that each of the great Sympathetic Nerves begins by a Filament from the sixth Pair belonging to the Medulla Oblongata, and by two Filaments from the fifth Pair, and that these Filaments do at first compose a very small Nerve which runs backward, to go out

Nervi Sympathetici  
Maximi,  
vulgo Inter-  
costales.



out of the Cranium through the bony Canal of the Apophysis Petrosa, and increases gradually in its course downward, of a greater size, than it is at its Origin. But having examined attentively the supposed Origin of these Nerves, they seem to me rather to ascend from the Basis of the Cranium with the internal Carotid, and to run from behind forward to join the fifth and sixth Pairs; and I find the Angle formed by this Union to be turned forward, and withal so very acute, that these Nerves cannot be look'd upon as Recurrent.

359. And as I have ever since that time, that is, for twenty Years past, found this Angle disposed the same way in all the Subjects that I have dissected; I have always been of opinion, that what has been taken for the original Root and descending Stem of the Nerve called Intercostal, was really an ascending Branch thereof, which as it enters the Cranium, is divided into Filaments, by which it becomes closely united with the two Pairs already named.

360. THE Observation communicated to the Royal Academy by Mr. Petit Doctor of Physick, concerning the different Size of the Portions of the sixth Pair, appears to be indisputable: he having found this Nerve larger on the fore part, between the Filament of the supposed Intercostal, and the Orbit, than on the back part between the same Filament and the Origin of the sixth Pair; and his Experiments concerning the real Co-operation of this Nerve in Vision, are still a farther Confirmation of his Observation.

361. THESE Nerves, as I have said, are commonly called Intercostales, tho' this Name does not agree either with their Situation, or with the Extent of their Course, as we shall presently see; and therefore I believe the name of Sympathetici Majores, or Maximi, will be more proper, because of their frequent Communications with almost all the other principal Nerves of the Body.

362. THE Situation of these two Nerves in general, is on the lateral parts of the whole twenty-four Vertebrae, immediately before the Roots of the transverse Apophyses, and likewise on the lateral Parts of the inside of the Os Sacrum.

363. THROUGH this large extent, they appear like two Ropes divided, and in a manner interlaced at different distances, by a great number of gangliform Tubercles, by means of which they communicate backward with the Ganglions of the Medulla Spinalis, by short collateral Filaments; and produce forward all their particular Ramifications.

364. THESE Ganglions differ more or less from each other in Size, Colour and Consistence; and may be look'd upon as so many Origins or Germina dispersed through this great Pair of Nerves, and consequently as so many little Brains. I shall speak to them more particularly, in the Description of the Head, and it will be sufficient in this place to pursue their Distributions, and the Course of their Ramifications.

365. For this purpose, we need only consider these Ganglions, in the same manner that we did the vertebral Nerves, as divided into Cervicalia, Dorsalia, Lumbaria, and Sacra, without pretending to determine the number contained in each Class.

366. **First Cervical Ganglion** is the most considerable in Size, but not in Consistence, representing a soft oblong Tumour of the Figure of an Olive, and being placed immediately before the Root of the transverse Apophysis of the first three Vertebrae, immediately behind the Pharynx.

367. It is produced from its superior Extremity a small soft Nerve, which runs up with the internal Carotid Artery of the same side, into the bony Canal of the Apophysis Petroa.

368. At its Entry into this Canal, it is divided into several Plexiform Filaments, which at this place surround the Carotid Artery, and accompany all the Incurvations thereof, till it enters the Cranium. They adhere very closely to the Artery, and both they and their Trunks are very tender, having sometimes neither the Colour, nor Consistence of nervous Filaments; for they are reddish, and sometimes in a manner mucilaginous. We must not mistake for these Plexiform Filaments, some lacerated Portions of the Dura Mater, which line this bony Canal.

369. Among these Filaments there are two or three principal ones, which appear to be only a simple Division of the Trunk, and which, as they enter the Cranium, unite again into a small Trunk, more solid than the former. The small superior Trunk is immediately afterwards divided into Filaments, one of which is united to the Nerve of the fifth Pair, the rest join the fifth Pair, as has been already said. The Filament which goes to the sixth Pair is commonly single, but I have sometimes found it double, or divided all the way to the Union.

370. **Inférieure Trunk** below the inferior Office of the bony Canal of the Apophysis Petroa, and from thence all the way down to the Occipital Condyle on the same side, or to the top of the first Ganglion, the small ascending Trunk is a little stronger, and not altogether so soft, as it is in the Canal.

371. The first Cervical Ganglion is of a middle Consistence, and adheres very closely to the Trunk of the eighth Pair, or Nervus Sympatheticus Medius, by numerous small communicating Filaments.

372. It likewise communicates on both sides, by short Branches, with the ninth and tenth Pairs of Nerves of the Medulla Oblongata; with the first, second, and sometimes the third Cervical Pairs; and also with that Branch, which the eighth Pair sends to the Pharynx.

373. In its passage, it gives Filaments to the Pharynx, to the small neighbouring Muscles, and to the Carotid Artery, from which it receives very fine Capillary Vessels, which are plainly visible in Inflammations; and seem to form a curious Network, with the nervous Filaments.

374. **LASTLY**, it sends downward a very long nervous Filament, which runs in the Thorax, and joins other Filaments, of which hereafter.

375. This Ganglion terminates below, in a small Rope or Trunk, which runs down on the anterior vertebral Muscles of the Neck, in the same Course with the eighth Pair, and the Carotid Artery of the same side, to both which it is connected by membranous Expansions, as by a kind of Vagina, all the way to the last Vertebra of the Neck.



## THE ANATOMY OF

376. In this Course, the descending Trunk communicates to the outer or back side with the third, fourth, fifth, and often with the sixth Cervical Pairs, by short Branches, more or less oblique, by which it seems to be gradually increased in Size.

377. At the Places of these communications, we observe small Ganglia in this Trunk, which however, in some Subjects, are scarcely perceptible; and it is very difficult to determine, by which Extremity these Branches arise, and by which they are inserted.

378. On the inner or fore-side, this Trunk gives off two or three Filaments, which run obliquely downward, toward the *Aspera Arteria*, into the Thorax. Another Filament goes off, below the first Cervical Ganglion, which passes on the fore-side of the Carotid Artery, and joins a Filament of the eighth Pair, with which it forms a small distinct Rope.

379. THIS small Rope runs before the subclavian Vein, and lower down, joins another Filament, which arises behind the subclavian Artery, and runs down in the manner hereafter to be explained, sending off Filaments in its passage to the Oesophagus, and neighbouring Parts.

380. THE Trunk having reached as far as the last Vertebra of the Neck, forms a small Ganglion, called Ganglion Cervicale Infimum, which is pretty solid, and sometimes double.

381. PRESENTLY afterwards, the Trunk turns from within outward, towards the Root of the first Rib, behind the subclavian Artery, where it forms a pretty large Ganglion, which is the first of the Thoracica or Dorsalia.

382. THESE two last mentioned Ganglia are very near each other, being separated only by a very short Portion of the Trunk, which is sometimes double, and forms a kind of small Plexus, behind the subclavian Artery.

383. FROM the Fore-part of the lowest Cervical Ganglion, a small nervous Rope goes out, which runs before the subclavian Artery, bends immediately downward, and ends in the top of the first Dorsal Ganglion, forming by this Course a sort of nervous Arch, which incloses the subclavian Artery.

384. THESE two Ganglia communicate by short Branches more or less oblique, with the neighbouring vertebral Nerves, that is, with the sixth and seventh Cervical Pairs; and sometimes with the fourth, by a long descending Filament. The first Dorsal Ganglion communicates likewise with the first Dorsal Pair of Nerves.

385. THE lowest Cervical, and sometimes the first Dorsal Ganglion, send down a communicating Filament to the recurrent Nerve of the eighth Pair; and from this Union a Filament is detached, which passes behind the common Trunk of the Axillary and Carotid Arteries, joins another Filament from the eighth Pair, and contributes to the Formation of the Plexus Pulmonaris.

386. FROM the small Plexiform Portion of the Trunk which joins the last Cervical and first Dorsal Ganglia, behind the subclavian Artery, a particular Filament goes out, which unites with the small Trunk, common to the great Sympatheticus, and to the eighth Pair, and runs down before the subclavian Artery, and together with this Filament composes the Plexus Cardiacus.

387. ON the right side, this Filament runs down to the right Ventricle of the Heart, and then between the Aorta and Arteria Pulmonaris, where it

com-

communicated with some Filaments from the left Recurrent of the eighth Pair.

388. On the left side, a Filament goes out from the last Cervical, and another from the first Dorsal or Thoracic Ganglion, which unite together to form a kind of Arch, in which however, nothing is contained.

389. From this Arch a Nerve goes out, which runs down between the Curvature of the Aorta, and the left Branch of the Pulmonary Artery, where it communicates with a Filament of the eighth Pair, and forms a Gangli-form Plexus, with the like communicating and united Filaments from the right side.

390. From this Gangli-form Plexus, which may be look'd upon as the Origin of the Plexus Cardiacus superior, a great number of Filaments run down, over the Trunks of the great Blood Vessels, and over the Auricles and Ventricles of the Heart.

391. The chief of these Filaments run in the Cellular Substance behind the Aorta, or between that and the Trunk of the Pulmonary Artery, where they are divided into a great many small Nerves, which run before and behind the Aorta, to the Basis and Auricles of the Heart.

392. The Filaments that run down from the Trunk itself, between the first and last Cervical Ganglions, are united and interwoven in the Thorax, with the Filaments common to the last Cervical and first Dorsal Ganglions, and thus contribute to the Formation of the Plexus Cardiacus, and some part of the Plexus Pulmonaris.

393. The long Filament of the first Cervical Ganglion contributes likewise to these Plexus. It runs along the inside of the Trunk, and then unites with the Filaments of the last Cervical Ganglion, the first Dorsal Ganglion, and the great Recurrent Nerve.

394. From all these Conjunctions a particular Nerve is formed in some Subjects, which meets a like Rope from the other side behind the Aorta; and forms, together with that, a kind of subordinate Trunk, about a Finger's breadth in length, which sends out on all sides several Filaments that are distributed to the neighbouring Parts.

395. From the first Dorsal Ganglion, the Trunk runs down on the fore-side of the Heads and Necks of all the Ribs, over the Articular Ligaments by which they are tied to the Vertebrae. On the last false Rib, it bends a little toward the Bodies of the Vertebrae.

396. In this Course, the Trunk forms a small Ganglion, between each Rib, and communicates backward by two short Filaments, more or less oblique, with the corresponding Dorsal or Costal Nerves.

397. Of these two communicating Filaments, one is more oblique and often smaller than the other; one runs backward, towards the nearest Ganglion of the Costal Nerve, the other runs forward on the Head of the Rib, to the Trunk of the great Sympathetic Nerve; and for this reason, one of these Filaments appears to be more antierior and longer than the other.

398. HAVING reached about half way between its Entry into the Thorax and the last Vertebra of the Back, this Trunk sends commonly five



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Branches, obliquely downward on the lateral and a little toward the anterior Part of the Bodies of the Vertebrae.

399. THE first four Branches come commonly from the fifth, sixth, seventh and eighth Thoracic Ganglions, and the fifth arises from several of the following Ganglions. The first is the longest, and the last, the thickest.

400. ALL these Branches approach each other gradually in their Descent as far as the last Vertebra of the Back, where they unite into one large short collateral Rope, which pierces the upper lateral part of the lower Muscle of the Diaphragm, sending some Filaments to the upper side.

401. HAVING got below the Diaphragm, and given off some Filaments to the lower side of that Muscle, this great Trunk produces behind the Glandula Renalis, a kind of irregular Ganglion of a curve oblong Figure, called Ganglion five Plexus Semilunaris.

402. THE convex side of this Semilunar Plexus or Ganglion, is turned obliquely backward and downward, the concave side forward and upward, one of its Cornua being turned upward, the other forward; so that the inferior Cornua of the two Ganglions on each side, are turned toward each other.

403. THESE Ganglions on each side communicate together, behind the Stomach, on the Celiac Artery, and likewise with the eighth Pair or Nervus Sympatheticus Medius, chiefly by means of the Nervus Stomachicus posterior, belonging to that Pair.

404. FROM the reciprocal Communication of these two Semilunar Ganglions, a kind of middle Plexus is formed which partly surrounds the Celiac Artery, and is partly spent on the Mesocolon.

405. THE Semilunar Ganglion on the right side, together with a large Portion of the Plexus Celiacus, and some Filaments of the Plexus Stomachicus, forms a particular Intertexture, called Plexus Hepaticus.

406. THIS Hepatic Plexus having communicated with some Filaments of the Diaphragmatic Nerve, produces several Filaments which surround the Hepatic Artery and Vena Portæ in form of a reticular Vagina, and accompany the Branches of these Vessels through the whole Substance of the Liver. The Hepatic Plexus supplies likewise the Vesicula Fellea, Ductus Biliarii, Duodenum, Pancreas, and Glandulæ Renales.

407. THE left Semilunar Ganglion, formed by the anterior or collateral Trunk of the left side, produces several Rami, which form the Plexus Splenicus, nearly in the same manner as has been already mentioned.

408. THIS Plexus Splenicus, having communicated with the Hepaticus, and by the Intervention of the Plexus Stomachicus, with the eighth Pair, surrounds the splenic Artery, supplies the Pancreas, and is distributed to the Spleen.

409. THIS left Ganglion is sometimes accompanied by another, which gives Filaments to the Spleen.

410. EACH Semilunar Ganglion sends Rami from its convex side, which being joined to the Filaments of the first Lumbar Ganglions, form an Intertexture called Plexus Renalis, which surrounds the renal Artery, is distributed

to the Kidneys, and Glandulæ Renales, and sends out a Filament, which accompanies the spermatic Vessels.

411. THIS Renal Plexus concurs likewise with the Semilunar Ganglion, in the Formation of the great Mesenteric Plexus, and communicates by several Filaments with the Plexus Coronarius Stomachicus.

412. THE right Renal Plexus communicates particularly with the Plexus Hepaticus; and the left, with the Splenicus; and each of them, by two Filaments, with the true Trunk, on the side of the first two Vertebrae of the Loins. This Portion of the principal Trunk is commonly called the inferior Rope of the intercostal Nerve.

413. THE right and left Semilunar Ganglions send Nervous Fasciculi to each other, which by a particular Intertexture form a kind of flat Ganglion or Plexus, immediately under the Diaphragm, before the Articulation of the last Vertebra of the Back with the first of the Loins.

414. FROM this Plexiform Union, called commonly Plexus Solaris, several Filaments are detached in a radiated manner to the Mesocolon and Mesentery; and some of them go likewise to the Diaphragm.

415. A great number of other Filaments go likewise from it, which with the Ramifications thereof, form a kind of nervous Capsula, or Vagina, round the superiour Mesenteric Artery, and round all its Ramifications on the Intestines, and supply the Mesenteric Glands. This is termed Plexus Mesentericus superior, which comes chiefly from the Filaments of the Plexus Hepaticus and Renalis, and of the right Semilunar Ganglion.

416. THE superior Mesenteric Plexus sends down from its Origin, along the Aorta, and behind the descending Portion of the Mesocolon, between the superiour and inferiour Mesenteric Arteries, several Filaments or nervous Fasciculi differently interwoven, from which a nervous Vagina is likewise formed, that surrounds the inferiour Mesenteric Artery, and its Ramifications on the Intestines. This has been named Plexus Mesentericus inferior.

417. THE descending nervous Fasciculi, between the two Mesenteric Arteries, which may be named Mesenterici Posteriores, receive some communicating Filaments from both Plexus Renales, and likewise communicate with the Trunk of the great Sympathetic Nerve, by Filaments which run down obliquely from the Lumbar Ganglions. Afterwards they detach a Filament on each side, which accompanies the spermatic Vessels.

418. THE Fasciculi Mesenterici Posteriores having produced the Plexus Mesentericus inferior, send other Filaments downward, over the Extremities of the Aorta, behind the inferiour Curvature of the Colon.

419. THESE inferiour Fasciculi or Filaments adhere strongly to the neighbouring Parts of the Peritonæum, and together with other Filaments from both sides of the Trunk, form a third Plexus, which may be called Infra-Mesentericus, or Hypogastricus.

420. THIS Hypogastric Plexus, at the extremity of the last Curvature of the Colon, on the foreside of the last Vertebra of the Loins, is divided into two flat Ganglions which surround the beginning of the Intestinum Rectum backward, to which they are afterwards distributed, and also to the Bladder and



to the Spermatic Vessels; and having communicated by lateral Filaments, with each Trunk of the great Sympathetic Nerve, they send Filaments to all the parts contained in the Pelvis.

421. THE Trunk of the great Sympathetic Nerve having detached the five Rami which form the collateral Rope, becomes much smaller, and having reached the eleventh Vertebra of the Back, it approaches the collateral Trunk, and perforates the inferiour Muscle of the Diaphragm.

422. AFTERWARDS it runs more forward on the Bodies of the Vertebrae, and increases by the addition of Filaments from the last two Dorsal Pairs of Nerves.

423. It runs down between the Ploas and neighbouring Tendons of the small Muscle of the Diaphragm, on the lateral parts of the Vertebrae Lumbares and anterior side of the Os Sacrum.

424. AT this place the right and left Sympathetic Trunks approach each other, and at the Extremity of the Os Sacrum, they form a communication in the manner of an inverted Arch.

425. IN its passage, each Trunk receives commonly two Filaments from each Ganglion of the Nervi Lumbares and Sacri, and likewise forms small Ganglions between each Vertebra, which send some Filaments to the neighbouring parts, and others which communicate with the Fasciculi of the Plexus Mesenterici.

426. THE Pairs of Filaments which come from the two or three first Lumbar Ganglions, run a little downward, but the following run gradually upward; and it ought to be observed that capillary Blood-Vessels are discernable between and upon the Filaments of each Pair.

427. THE inverted Arch or inferiour Union of the two Trunks, gives off together with the two lowest Nervi Sacri, several Filaments to the Rectum, Anus and Muscles of the Coccyx.

428. LASTLY, the great Sympathetic Nerve, from the first Vertebra of the Neck to the Extremity of the Os Sacrum, communicates by Filaments, with all the Vertebral Nerves, as has been already said; but it must be observed, that in the Thorax, these communicating Filaments are very small and slender, where the Sympathetic Trunk is largest; and that below the Diaphragm, they are stronger, because there the Trunk diminishes, especially on the Os Sacrum, where it is very small. The same thing is to be observed concerning the Ganglions of the Trunk, the first Cervical Ganglion only excepted.



SECT.

SECT. VII.

*A Compendious View of the Parts of the Human Body, and a Description of the Common Integuments.*

ART. I.

*A View of the Parts of the Human Body.*

1. **T**HE Human Body is composed of firm and liquid Parts, commonly called Solids and Fluids. Of the solid Parts, some are hard, others soft and flexible. *Introduction.*

2. THE solid Parts are the chief Subject of Anatomy, properly so called; by which term, borrowed from the *Greek*, we understand not only an artful Decomposition of the Parts of the Body, but also a methodical Demonstration and Description of the Parts when taken to pieces.

3. THE History of the Fluid Parts comes into a System of Anatomy, only occasionally, and by the bye; because it properly belongs to what is called Physiology or the Animal Economy.

4. ANATOMISTS ordinarily reduce all the solid Parts under certain general Classes, expressed by the common or generical Names of Bone, Cartilage, Ligament, Fibre, Membrane, Vessel, Artery, Vein, Nerve, Muscle, Gland, Fat, Viscus, Organ, &c.

5. THE Ancients who settled a general Division of the Parts of the Human Body, from the meer outward appearance of their Structure, called some Similar or Simple, and the rest Organical or Compound; but I look on these Terms only as so many Anatomical Words, which express several parts that have nearly the same Structure to outward appearance: and as they are often mentioned, I shall here give an Explication of those which are in most frequent Use.

6. BY Bones, we mean in general the hardest, most solid, and most inflexible parts of the Human Body, the particular History of which is contained in the Description which I have given of the dry and fresh Bones. *Explication of the general Terms of Anatomy.*

7. A Cartilage is a whitish or pearl-coloured Substance, softer than a Bone, but harder than any other Part, smooth, polished, pliable and elastic. I explained the Cartilages in the Description of the fresh Bones.

8. A Ligament is a white, fibrous, compact Substance, more pliable than a Cartilage, difficult to be broken or to be torn, and yielding but a very little when drawn out with force. The Ligaments have been explained at full length in the second Section.

9. THE name of Fibre is given to small Filaments which appear to be the most simple Parts of the Body, and which, by their different Disposition and Connections, compose all the other parts. The Fibres themselves differ



differ in Substance, being either membranous, fleshy, tendinous or bony; in direction, being either streight, oblique, longitudinal, transverse, circular or spiral; and in size, being either large, small, long or short.

10. By Membrane we understand a pliable Texture of Fibres disposed or interwoven together in the same Plane. They differ in thickness according to the smallness of their Fibres and number of their Planes. These particular Planes are termed Laminæ, and distinguished into external, internal, middle, &c.

11. The difference of Membranes in general depends on that of the Fibres, of which they are composed. Small Portions of Membranes, especially when they are very thin, are called Pelliculæ; and some membranous Laminæ are united together by the intervention of a particular Substance, composed of this sort of Pellicles, and called the cellular or spongy Substance.

12. VESSELS are Tubes, Ducts or Canals, more or less flexible, composed of different Membranes, the Strata of which are generally termed Tunics or Coats. Some of them are divided into Branches, and these again into Rami and Ramifications, which gradually diminish, but still remain hollow.

13. THE general Design of the Vessels is to contain Fluids from the Diversity of which they are distinguished into Blood-Vessels, Vasa Lactea, Lymphatica, &c. The last and smallest Extremities of all sorts of Vessels are generally termed Capillaries.

14. THE Blood-Vessels are of two kinds, one of which receives the Blood from the Heart, and distributes it to all the parts of the Body, which are named Arteries; the other brings the Blood from all the parts, back to the Heart, which are called Veins, and some of these have the name of Sinuses.

15. THE Arteries are thicker than the Veins, and may be distinguished by this Mark in dead Bodies; and in living Bodies they are known by a certain beating, called the Pulse. The Veins lie nearer the Surface of the Body than the Arteries, and are furnished with Valves, that is, with small Membranous Sacculi, fixed at different distances to the sides of their Cavities. The Openings of these Valves are broad, and turned toward that side where the Vein is largest, but their bottoms are turned the contrary way, to that side where the Veins are of the smallest Diameter. In some places these Valves are single, in others double, triple, &c.

16. By Nerves, Anatomists mean the white Ropes which proceed from the Cerebrum, Cerebellum and spinal Marrow, and are spread over all the parts of the Body by Filaments and Ramifications.

17. EACH Nervous Rope may be looked upon as a membranous Vessel, the Cavity of which is filled by a great number of membranous longitudinal Septa, and by Medullary Filaments which lie betwixt the Septa.

18. MUSCLES are bundles of Fibres, called by Anatomists Fibræ Motrices, of a reddish colour, and of different lengths.

19. THE middle Portion of the moving Fibres is the principal, and differs from the Extremities in being red, thick, soft, and capable of Contraction, whereas

whereas the Extremities are white, small, compact, and incapable of yielding.

20. THIS middle Portion of each moving Fibre is said to be fleshy, and they form what is properly called Flesh. The Extremities are called Tendinous, and the Substance formed by them, Tendons.

21. GLANDS are Clusters or Molecularæ, distinguishable from all the other parts of the Body, by their Form, Consistence, Texture and Connexion.

22. THEY are in general made up of Arteries, Veins, Nerves, and other particular Vessels, and of a Substance which unites all these together, in their different folds, contortions, and intertextures, all invested by a membranous covering.

23. THE Office of Glands is to separate from the Mass of Blood, by means of certain secretory Vessels, Fluids, which they discharge either immediately or by other Vessels termed Excretory; and these Fluids are either accumulated in particular Reservoirs, collected in the common Cavities, or forced out of the Body.

24. FAT and Marrow are equivocal Terms. By the first, we generally understand an oily, soft, white or yellowish Substance, of different Consistences, collected between the Skin and the Muscles, in the Interstices of the Muscles, about the Viscera, &c. and composed partly of a cellulous or spongy Substance, and partly of an oily Matter of different Thicknesses. This oily Matter is called Fat, especially when separated from the cellulous Substance, and likewise Corpus Adiposum by Anatomists.

25. MARROW is one kind of Fat, and differs from it only in the fineness of the membranous Texture, in the Subtlety of the oily Matter, and in its Situation within the Bones. The word Marrow is equivocal in the same Sense with the word Fat.

26. BY Viscera, we commonly understand Parts contained in a great Cavity, without being connected to it through their whole Extent or Circumference. Such are the Stomach, Intestines, &c. in the Abdomen, and the Lungs in the Thorax.

27. ORGAN or Instrument is a Term given to every part capable of any Function, whether it be simple or complex, and in this sense we talk of the Organ of Sight, of Respiration, &c.

28. THE Human Body is commonly divided into the Head, Trunk, and Extremities. The Trunk is again subdivided into the Neck, Thorax and Abdomen; and the Extremities into superiour, called the Arms, and inferior, called the Legs. *General Division of the Human Body.*

29. THE Ancients divided the Body into three great Cavities, which they termed Venters, and into four Extremities. They called the Head the upper Venter, the Thorax the middle Venter, and the Abdomen the lower Venter. The Neck was by some joined to the Head; by others, to the Thorax.

30. THE most natural and plainest Division of the Body, is into the Head, Neck, Thorax, Abdomen, Arms and Legs; each of which Portions may afterwards be subdivided.



*External  
Parts of the  
Head.*

31. Each Portion is to be examined not only with regard to its Surface or external Conformation, but also with regard to its internal Structure or Composition, and to the Viscera and Organs, which it contains or supports.

32. This is what gave occasion to the Ancients to divide the Body into Parts containing, and Parts contained; and to subdivide the containing Parts into common and proper. The common containing Parts have been named Integuments, by which they meant chiefly the Skin and Fat.

33. The Head viewed on the outside, is divided into the hairy Scalp and Face.

34. The hairy Scalp covers the upper part of the Os Frontis, the Os Parietalia, the Os Occipitis, and the upper and lower Portions of the Os Temporum.

35. The uppermost Part of the hairy Scalp is termed the Vertex or Fontanella; the back part, Occiput; the lateral Parts, the Temples. The Vertex is distinguished from the Occiput, by a contorted Border of Hair; and the Temples, by the Ears.

36. The Arteries on each side of the hairy Scalp, are these:

Arteria Carotis Externa, in general.  
Arteria Temporalis.  
Arteria Occipitalis.  
Arteria Angularis, by Communication.  
Arteria Cervicalis Posterior, by Communication.  
Arteria Vertebralis, by Communication.  
Arteria Carotis Interna, by Communication.

37. The Veins on each side of the hairy Scalp, are these:

Vena Jugularis Externa, in general.  
Vena Jugularis Externa Posterior.  
Vena Temporalis.  
Vena Occipitalis.  
Vena Vertebralis.  
Vena Jugularis Externa Anterior, by Communication.  
Vena Jugularis Interna, by Communication.  
Sinus Lateralis Duræ Matris, by Communication.  
Vena Axillaris, by Communication.  
Vena Cephalica, by Communication.

38. The Nerves on each side of the hairy Scalp, are these:

Nervi Sub-Occipitales, commonly called the tenth Pair from the Medulla Oblongata.  
Par Nonum from the Medulla Oblongata.  
Par Primum Cervicale.  
Par Secundum Cervicale, by Communication.  
Nervi Diaphragmatici, by Communication.  
Ramus Frontalis of the Orbital or Ophthalmic Nerve.

Nervus Sympatheticus Minor, called the Portio Dura of the Auditory Nerve.

Nervus Sympatheticus Medius, or Nerves of the eighth Pair from the Medulla Oblongata, by Communication.

Nervus Sympatheticus Maximus, commonly termed Intercostalis, by Communication.

39. THE Face comprehends all that Portion of the Surface of the Head, which lies between the hairy Scalp, and the Neck, viz. the Fore-Head, Eye-Brows, Palpebræ, Eyes, Nose, Mouth, Chin, Cheeks and Ears.

40. THE External Parts of the Eye are these: The anterior Portion of the Globe of the Eye, the Membrana Conjunctiva, the Cornea Lucida, Iris, Pupilla, Caruncula Lacrymalis, Angles of the Palpebræ; and the Cilia or Hairs of each Palpebra. The internal Parts are: The Globe of the Eye, the Tunica Sclerotica or Cornea Opaca, the Choroides, Arachnoides, Crystalline, Vitreous Humour, Aqueous Humour, the anterior and posterior Chambers, the Muscles, and the Optic Nerve.

41. THE external Parts of the Ear, are these: The great Concha, the convex side of this Concha, or Hinder-part of the Ear, the great Border, the Fold or Helix, the Concavity, the broad Eminence or Anthelix, the small anterior Eminence or Tragus, the small posterior Eminence or Antitragus, the Lobe or lower Extremity of the Ear, and the Meatus.

42. THE external Parts of the Nose, are these: the upper Extremity or Root of the Nose, the Arch or Back, the Sides of that Arch, the Tip of the Nose, the Alæ, the Nares and the Septum Narium. The internal Parts are the Cavity and Bottom of the Nares, the Convolutions, the maxillary, sphenoidal and frontal Sinuses.

43. THE external Parts of the Mouth, are these: The Lips, one upper, the other lower, the Angles or Commissures of the Lips, the Border or Edge of each Lip, the Fossula which runs from the Septum Narium to the Edge of the upper Lip, and the transverse Fold which separates the under Lip from the Chin.

44. THE internal Parts of the Mouth are these: The Palate, the Septum Palati, the Uvula, the Amygdalæ, Gums, Fræna of the Lips, the Tongue, its Apex, Root, Sides and Frænum. The other internal Parts of the Mouth, Eye, Nose and Ear, such as the Glands, Membranes, Muscles, &c. must be referred to the particular Descriptions of these Parts.

45. THE Cheeks are the lateral Parts of the Face, reaching downward from the Eyes and Temples, between the Nose and Ears. The upper prominent Part of the Cheek, is commonly termed Mala.

46. THE Chin is the anterior Protuberance, by which the lower part of the Face is terminated, from whence it runs all the way to the Neck. This under part of the Chin, is termed the Basis, and it is distinguished from the Throat, by a transverse Fold, which reaches from Ear to Ear. In the middle of the Chin, there is sometimes a Fossula or Depression.



47. THE exterior Arteries which belong to each side of the Face, are these:

Arteria Carotis Externa.

Arteria Carotis Interna, by Communication.

Arteria Vertebralis, by Communication.

Arteria Cervicalis, by Communication.

48. THE exterior Veins distributed to each side of the Face, are these:

Vena Jugularis Externa.

Vena Jugularis Interna, by Communication.

Vena Vertebralis, by Communication.

49. THE exterior Nerves spread on each side of the Face, are these:

Nervus Olfactorius.

Nervus Opticus.

Nervus Ocularis five Ophthalmicus, which is the first Branch of the fifth Pair from the Medulla Oblongata.

Nervus Maxillaris Superior.

Nervus Maxillaris Inferior.

Nervus Trochlearis five Patheticus, which is the fourth Pair.

Nervus Motor Oculi Externus five Muscularis Externus, which is the sixth Pair.

Nervus Sympatheticus Minimus, or the Portio Dura of the Auditory Nerve.

Nervus Sympatheticus Medius, which is the eighth Pair.

Nervus Sympatheticus Maximus five Universalis, commonly called Intercostalis.

Nervus Hypoglossus Major, which is the ninth Pair.

The second Pair of the Nervi Cervicales.

50. THE Arteries of the Fore-Head, are these:

Arteria Temporalis, which is a Branch of the external Carotid.

Arteria Angularis, which is a Branch of the internal Carotid.

Arteria Carotis Interna, by Communication.

51. THE Veins of the Fore-Head, are these:

Vena Frontalis, formerly called Praeparata.

Vena Temporalis.

Vena Angularis.

Sinus Orbitarius.

Sinus Longitudinalis superior, by Communication.

Sinus Longitudinalis inferior, by Communication.

Vena Jugularis interna, by Communication.

52. THE Nerves of the Fore-Head, are these:

Nervus Ocularis five Ophthalmicus, which is the first Branch of the fifth Pair from the Medulla Oblongata.

Nervus

Nervus Maxillaris superior.

Nervus Maxillaris inferior.

Nervus Sympatheticus minor, which is the Portio Dura of the

Nervus Auditorius.

53. THE Arteries which go to the Eye, are these:

Arteria Temporalis, which is a Branch of the external Carotid.

Arteria Maxillaris Externa five Angularis, which is a Branch of the external Carotid.

Arteria Maxillaris interna, which is a Branch of the external Carotid.

Arteria Carotis interna.

54. THE Veins which belong to the Eye, are these:

Vena Temporalis, which is a Branch of the posterior external Jugular.

Vena Angularis, which is a Branch of the anterior external Jugular.

Vena Frontalis, formerly named Præparata, which is a Branch of the anterior external Jugular.

Sinus Orbitarius.

Sinus Longitudinalis, by Communication.

Vena Jugularis interna, by Communication.

55. THE Nerves belonging to the Eye, are these:

Nervus Olfactorius, by Communication.

Nervus Opticus.

Nervus Motor communis, or the third Pair.

Nervus Trochlearis, or the fourth Pair.

Nervus Orbitarius five Ophthalmicus, a Branch of the fifth Pair.

Nervus Maxillaris superior, a Branch of the fifth Pair.

Nervus Motor Externus.

Nervus Sympatheticus minor, or the Portio Dura of the Auditory Nerve.

Nervus Sympatheticus Maximus five Universalis, commonly called Intercoastalis.

56. THE Arteries distributed to the Nose, are these:

The same Arteries with those which go to the Eye, among which the internal Carotid supplies the Nose, by Communication.

Arteria Labiorum Orbicularis, by Communication.

57. THE Veins belonging to the Nose, are these:

All the Veins already mentioned, as belonging to the Eye.

58. THE Nerves which go to the Nose, are these:

Nervi Olfactorii.



**Nervus Ophthalmicus** five **Ophthalmicus**, a Branch of the fifth Pair, both immediately, and by Communication.  
**Nervi Motus communes**, or the third Pair, by Communication.  
**Nervi Maxillares superiores**, Branches of the fifth Pair.  
**Nervi Sympatheticus minimus**, or the ninth Pair, by Communication.  
**Nervus Sympatheticus Medius**, by Communication.

59. THE Arteries which go to the Ear, are these:

**Arteria Temporalis**, a Branch of the external Carotid.  
**Arteria Auricularis**, a Branch of the Temporalis.  
**Arteria Occipitalis**, by Communication.  
**Arteria Vertebralis**, by means of the **Arteria Basilaris**, which is a Continuation of it.  
**Arteria Carotis interna**, by Communication with the **Arteria Basilaris**.

60. THE Veins belonging to the Ear, are these:

**Vena Temporalis**,  
**Vena Occipitalis**,  
**Vena Cervicalis**,  
**Vena Maxillaris**: these three being Branches of the **Jugularis externa**.  
**Vena Jugularis interna**, by several Communications.  
**Sinus Petrosus Durae Matris**.

61. THE Nerves distributed to the Ear, are these:

**Nervus Maxillaris inferior**, the third Branch of the fifth Pair.  
**Nervus Auditorius**, the seventh Pair.  
**Nervus Sympatheticus minimus**, the Portio Dura of the Auditory Nerve.  
**Nervus Hypoglossus externus**, the ninth Pair, by Communication.  
**Nervus Sub-Occipitalis**, the tenth Pair, by Communication.  
The second Cervical Pair.  
**Nervus Sympatheticus Medius**, the eighth Pair.  
**Nervus Sympatheticus Universalis**, commonly called **Intercoastalis**.

62. THE Arteries which go the Mouth, Tongue, &c. are these:

The Artery of the Chin.  
**Arteria Coronaria five Orbicularis Labiorum**, both being Branches of the external Carotid.  
**Arteria Maxillaris interna**.  
**Arteria Sub-Lingualis**.

63. THE Veins belonging to the Mouth, Tongue, &c. are these:

**Vena Maxillaris externa**.  
**Vena Maxillaris interna**.

Vena

*Venæ Raninae.* All these are Branches of the external Jugular.

*Vena Jugularis interna.* by several Communications.

*Vena Gutturalis superior.* a Branch of the internal Jugular.

*Vena Axillaris.* when it sends off the Guttural Vein.

64. THE Nerves distributed to the Mouth, Tongue, and salivary Glands, &c. are these:

*Nervus Maxillaris superior.*

*Nervus Maxillaris inferior.* both Branches of the fifth Pair.

*Nervus Sympatheticus minimus.* or *Portio Dura* of the Auditory Nerve.

*Nervus Sympatheticus Medius.* the eighth Pair.

The ninth Pair from the Medulla Oblongata.

The second Pair of Cervical Nerves.

*Nervus Sympatheticus maximus.* by Communication.

65. THE Cheeks on each side are furnished with Arteries and Veins from the nearest Ramifications of the temporal and maxillary Arteries and Veins; and with Nerves from the *Portio Dura* of the auditory Nerve, and from the superiour and inferiour maxillary Nerves.

66. THE Neck in general is divided into the anterior Part or Throat, and posterior Part or Nape. The Throat begins by an Eminence, and terminates by a Fossula. The Nape begins by a Fossula, which as it descends, is gradually lost. The Neck contains the Larynx, a part of the Trachea Arteria, the Pharynx, a part of the Oesophagus, the Musculi Cutanei, Sterno-Mastoidæi, Sterno-Hyoidæi, Thyro-Hyoidæi, Omo-Hyoidæi, Splenius, Complexus, the Musculi Vertebrales, which lie upon the first seven Vertebrae, and a Portion of the Medulla Spinalis.

67. THE Arteries which go to the Neck, are these:

*Arteriæ Carotides.* in general.

*Arteriæ Carotides externæ.*

*Arteriæ Carotides internæ.*

*Arteriæ Vertebrales.*

*Arteriæ Cervicales.*

68. THE Veins belonging to the Neck, are these:

*Venæ Jugulares.* in general.

*Venæ Jugulares externæ.*

*Venæ Jugulares internæ.*

*Venæ Cervicales.*

*Venæ Vertebrales.*

69. THE Nerves distributed to the Neck, are these:

*Nervi Sympathetici minimi.* or the *Portio Dura* of the Auditory Nerves.

*Nervi Sympathetici Medii.* the eighth Pair.

*Nervi*



Nervi Accessorii Oculi Paris.

The ninth Pair.

Nervi Sub-Occipitales, or the tenth Pair.

The seventh Cervical Pair.

Nervi Sympathetici Maximi.

Parts of the  
Thorax.

70. By the Thorax, we commonly understand all that part of the Body, which answers to the Extent of the Sternum, Ribs, and Vertebrae of the Back, both outwardly and inwardly.

71. THE Thorax is divided into the anterior Part, called commonly the Breast, the posterior Part called the Back, and the lateral Parts called the right and left Sides.

72. THE external Parts of the Thorax, besides the Skin and Membrane Adiposa, are principally the Mammæ, and the Muscles which cover the Ribs, and fill the Spaces between them. In the Mammæ we see the Pilla or Nipples, and a small colour'd Circle, which surrounds them. The Muscles are the Pectorales Majores and Minores, Subclavii, Serrati Majores, Serrati Superiores Postici, Latissimi Dorsi, and Vertebrales, and to these we may add the Muscles, which cover the Scapula.

73. THE internal Parts of the Thorax, are contained in the large Cavity of that Portion of the Trunk, which the Ancients called the middle Venter; but the Moderns name it simply, the Cavity of the Breast. This Cavity is lined by a Membrane, named Pleura, and divided into two lateral Cavities, by a membranous Septum named Mediastinum, which is a Production or Duplication of the Pleura.

74. These Parts are the Heart, Pericardium, Trunk of the Aorta, great Arch of the Aorta, Trunks of the Carotid Arteries, subclavian Arteries, Trunks of the vertebral and axillary Arteries, the superior Portion of the descending Aorta, the intercostal Arteries, the Vena Cava superior, Vena Azygos, subclavian Veins, Trunks of the Jugular, vertebral and axillary Veins, a Portion of the Aspera Arteria, and of the Œsophagus; the Ductus Lacteus, or Thoracicus, the Lungs, Pulmonary Artery, Pulmonary Veins, &c.

75. THE Arteries and Veins, which particularly belong to the Thorax, are these:

Arteriæ & Venæ Thoracicae, superiores & inferiores.

Arteriæ & Venæ Mammariæ, internæ & externæ.

Arteriæ & Venæ Intercostales, superiores & inferiores.

Arteriæ & Venæ Spinales, with the venal Sinuses of the Canal of the Spine.

76. THE Nerves distributed to the Thorax, are these:

Nervi Sympathetici Medii, or the eighth Pair.

Nervi Sympathetici Universales, commonly called Intercostales.

The last Cervical Pair.

The twelve Dorsal Pairs.

Nervi Diaphragmatici.

77. THE Cavity of the Thorax is terminated downward, by the Diaphragm which parts it from the Abdomen.

78. THE Abdomen begins immediately under the Thorax, and terminates at the Bottom of the Pelvis of the *Ossa Innominata*. Its Circumference or outer Surface is divided into Regions, of which there are three anterior, viz. the Epigastric or superior Region, the Umbilical or middle Region, and the Hypogastric or lower Region. There is but one posterior Region, named *Regio Lumbaris*. *Parts of the Abdomen.*

79. THE Epigastric Region begins immediately under the Appendix Epiploica at a small superficial Depression, called the Pit of the Stomach, and in adult Subjects ends above the Navel at a transverse Line, supposed to be drawn between the last false Ribs on each side.

80. THIS Region is subdivided into three Parts, one middle, named Epigastrum, and two lateral, termed Hypochondria. The Epigastrum takes in all that Space which lies between the false Ribs of both sides, and the Hypochondria are the places covered by the false Ribs.

81. THE Umbilical Region begins in Adults, above the Navel, at the transverse Line already mentioned, and ends below the Navel at another transverse Line, supposed to be drawn parallel to the former, between the two Cristae of the *Ossa Ilium*.

82. THIS Region is likewise divided into three Parts, one middle, which is properly the *Regio Umbilicalis*, and two lateral, called *Ilia* or the Flanks, and they comprehend the Space between the false Ribs and upper part of the *Ossa Ilium* on each side.

83. THE Hypogastric Region is extended downward from the inferior Limit of the Umbilical Region, and is divided into three Parts, one middle, called Pubis, and two lateral, called Inguina or the Groins.

84. THE Lumbar Region is the posterior part of the Abdomen, and comprehends all that Space which reaches from the lowest Ribs on each side, and the last Vertebra of the Back, to the *Ossa Sacrum* and neighbouring parts of the *Ossa Ilium*. The lateral parts of this Region are termed the Loins, but the middle part has no proper name in Men.

85. LASTLY, the Bottom of the Abdomen which answers to the Pelvis of the Skeleton, is terminated anteriorly by the Pudenda or Parts of Generation, and posteriorly by the Clunes or Buttocks, and Anus. The Buttocks are separated by a Fossa which leads to the Anus, and each Buttock is terminated downward by a large Fold which distinguishes it from the rest of the Thigh.

86. THIS Lumbar Region takes in likewise the *Musculus Quadratus Lumborum* on each side, the lower Portions of the *Sacro-Lumbares*, of the *Longissimi* and *Latissimi Dorsi*, the *Musculus Sacer*, &c.

87. THE Space between the Anus and the parts of Generation, is called Perinaeum, and is divided into two equal lateral Parts by a very distinct Line, which is longer in Males than in Females, as we shall see in another place.

88. THE Cavity of the Abdomen, formed by the Parts already mentioned, (all which are covered by the Skin and *Membrana Adiposa*) is lined on the inside by a particular Membrane, called Peritonaeum. It is separated from the



the Cavity of the Thorax by the Diaphragm, and terminated below by the Musculi Levatores Ani.

89. THIS Cavity contains the Stomach, and the Intestines, which are commonly divided into three small, named Duodenum, Jejunum and Ileum; and three large, called Cæcum, Colon and Rectum; It contains likewise the Mesentery, Mesocolon, Omentum, Liver, Gall Bladder, Spleen, Pancreas, Glands of the Mesentery, Vasa Lactea, Receptaculum Chyli, Kidneys, Renal Glands, Ureters, Bladder, and the internal Parts of Generation in both Sexes.

90. THE principal Arteries of the Abdomen are these:

Arteria Epigastrica Superior, which is the lowest Portion of the Mammaria Interna.

Aorta Inferior.

Arteria Cæliaca.

Arteria Mesenterica Superior.

Arteriae Renales, called formerly Emulgentes.

Arteriae Spermaticæ.

Arteria Mesenterica Inferior.

Arteriae Lumbares.

Arteriae Iliacæ.

Arteriae Hypogastricæ.

Arteriae Epigastricæ Inferiores.

Arteriae Hæmorrhoidales.

Arteriae Pudicæ.

91. THE principal Veins of the Abdomen are these:

The inferior Portions of the Venæ Mammariæ Internæ.

Venæ Renales.

Venæ Lumbares.

Venæ Spermaticæ.

Venæ Iliacæ.

Venæ Hypogastricæ.

Vena Portæ Ventralis.

Vena Portæ Hepatica.

Vena Mesaraica Major.

Vena Splenica.

Vena Mesaraica Minor five Hæmorrhoidalis Interna.

92. THE principal Nerves of the Abdomen are these:

Nervi Stomachici, formed by the Extremity of the Sympathetici Medii or eighth Pair.

Nervi Sympathetici Maximi, the inferior Portion.

The two Semilunar or Plexiform Ganglions.

Plexus Stomachicus.

Plexus Hepaticus.

Plexus Splenicus.

Plexus

## Sec. VII. THE HUMAN BODY.

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**Plexus Renales.**

**Plexus Mesentericus Superior.**

**Plexus Mesentericus Inferior.**

**Nervi Lumbares.**

**Nervi Sacri.**

**Nervi Crurales, their Origin.**

**Nervi Sciatici, their Origin.**

93. THE whole Arm is divided, as in the Skeleton, into the Shoulder, the Arm properly so called, the Fore-Arm and the Hand. But to these we must here add the Stump of the Shoulder, the Axilla or Arm-pit, the Elbow, the Fold of the Arm, and the Hollow of the Hand. Parts of the upper Extremities.

94. WHAT is called the Stump of the Shoulder, is formed by the fleshy Belly of the Musculus Deltoides; and the Axilla, by the corresponding Edges of the Pectoralis Major and Latissimus Dorsi. The Elbow answers to the Olecranon; the Fold of the Arm is on the foreside of the Articulation of the Os Humeri, with the Bones of the Fore-Arm, and the Hollow of the Hand is in the middle of the Palm.

95. THE Arm, properly so called, is principally covered from the Shoulder downward, by the Biceps, Brachialis and the three Anconæ. The Fore-Arm is furnished with those Muscles which move the Radius on the Ulna, and the Carpus on the Fore-Arm. The Hand has few very considerable fleshy Parts, except the Thenar and Hypothenar, between which the Hollow of the Hand is formed.

96. THE Arteries of the whole upper Extremity are these:

**Arteria Axillaris.**

**Arteria Humeralis.**

**Arteriæ Scapulares.**

**Arteria Articularis.**

**Arteria Brachialis.**

**Arteriæ Collaterales.**

**Arteria Cubitalis.**

**Arteria Radialis.**

**Arteria Interossea Anterior.**

**Arteriæ Interossee Posteriores.**

**The arterial Arches in the Palm of the Hand.**

97. THE Veins of the whole upper Extremity are these:

**Vena Cephalica Minor.**

**Vena Jugularis Externa, by communication with the small Cephalica.**

**Vena Axillaris.**

**Venæ Musculares.**

**Venæ Scapulares.**

**Vena Brachii Cephalica.**

**Vena Brachii Basilica.**

**Venæ Satellites Arteriæ Brachialis.**



Vena Profunda Superior.

Vena Mediana, viz. Mediana Cubitalis, Mediana Basilica, Mediana Radialis five Cephalica, and Mediana Major.

Vena Profunda Cubiti.

Vena Basilica Cubiti five Cubitalis.

Vena Cephalica Cubiti five Radialis.

Venæ Cubiti Satellites.

Vena Cephalica Pollicis.

Vena Salvatella five Auricularis.

Arcoles Venosæ Dorſi Manus.

98. THE Nerves of the whole upper Extremity are these:

Nervi Brachiales in general, formed by the last four or five Cervical and first Dorſal Pairs.

Nervus Musculo-Cutaneus.

Nervus Medianus.

Nervus Cubitalis.

Nervus Cutaneus Internus.

Nervus Radialis.

Nervus Axillaris five Articularis.

Parts of the  
lower Ex-  
tremities.

99. THE lower Extremities of the whole Body are divided, as those of the Sceleton, into the Thigh, Leg and Foot.

100. THE Thigh begins anteriorly on one side of the Fold of the Groin, and posteriorly, a little above the lower half of the Buttock. It terminates anteriorly at the Patella on the Knee, and posteriorly at the Poples or Ham. It is formed chiefly by the Muscles which surround the Os Femoris, and are themselves invested by the Fascia Lata, viz. the Gluteus Maximus, two Vasti, Crureus, Biceps, Triceps, Semi-Membranosus, Semi-Tendinosus, Gracilis Internus, Gracilis Anterior or Rectus and Sartorius.

101. THE Leg has but very few Muscles on the forepart, but a great many large ones behind; where the Gastrocnemii and Soleus form a kind of Belly, called the Calf of the Leg. The Leg begins anteriorly at the Knee, below the Patella, and posteriorly at the Poples; and it terminates below, at the Ankles.

102. BESIDES the parts of the Foot mentioned in the Description of the Sceleton, that convex part near its Articulation with the Leg, is termed the Neck of the Foot; and the under Part, which is the Basis of the whole lower Extremity, the Sole of the Foot. The fleshy Parts are not more considerable on the Foot than on the Hand.

103. THE Arteries of the whole lower Extremity are these:

Arteria Obturatrix, a Branch of the Hypogastrica.

Arteria Glutea, a Branch of the Hypogastrica.

Arteria Sciatica, by Communication.

Arteria Pudica, by Communication.

Arteria Cruralis.

Arteria Poplitea.

Arteria

Arteria Tibialis Anterior.

Arteria Tibialis Posterior.

Arteria Peronea.

Arteria Plantaris.

104. THE Veins of the whole lower Extremity are these:

Vena Obturatrix.

Vena Glutæa.

Vena Cruralis.

Vena Magna Saphena.

Vena Sciatica.

Vena Parva Saphena five Saphena Externa.

Vena Poplitea.

Vena Tibiales

Vena Peronea.

Vena Plantaris.

105. THE Nerves of the whole lower Extremity are these:

Nervus Cruralis, formed by a Complication of the five Lumbares, especially of the first four.

Nervus Sciaticus, formed by the Union of the last two Lumbares, and first three Sacri.

Nervus Sympatheticus Maximus, by Communication with the Nervi Lumbares and Sacri.

Nervus Popliteus.

Nervus Sciaticus Internus five Popliteus Internus.

Nervus Sciaticus Externus five Popliteus Externus.

Nervus Plantaris Externus.

Nervus Plantaris Internus.

## ART. II.

### A Description of the Common Integuments of the Body.

106. ALL the parts of the Human Body are invested by several common and universal Coverings, to which Anatomists give the name of Integuments. *Introduction.*

107. THERE have been many Disputes about the Number of these Integuments. The Ancients reckoned up five, viz. the Epidermis, Skin, Membrana Adiposa, Panniculus Carnosus, and Membrana Musculorum Communis.

108. THE first three of these Coverings are truly common or universal, that is, extended over all Parts of the Body; but properly speaking, they ought to be reduced to two, for I look upon the Epidermis rather as a part or an Epiphysis of the Skin, than as an Integument.

109. THE two other Coverings mentioned by the Ancients, are not universal, but confined to particular Parts of the Body.



120. THE Origin of this Reticular or Mucous Body, has not hitherto been sufficiently explained, and it has not been determined, whether it forms an universal Integument, or whether it belongs more properly to the Skin, than

110. THE Skin is a Substance of very large Extent, made up of several kinds of tendinous, membranous, vascular and nervous Fibres, the texture of which is so much the more wonderful as it is difficult to unfold; for their Directions are as various as those of the Stuff of which an Hat consists.

111. THIS Texture is what we commonly call Leather, and it makes, as it were, the Body of the Skin. It is not easily torn, may be elongated in all Directions, and afterwards recovers it self, as we see in fat Persons, in Women with Child, and in Swellings; and it is thicker and more compact in some Places, than in others.

112. ITS Thickness and Compactness are not however, always proportionable; for on the posteriour Parts of the Body, it is thicker and more lax than on the Fore-parts; and on the Palms of the Hands, and Soles of the Feet, it is both very thick, and very solid. It is generally more difficult to be pierced by pointed Instruments, in the Belly, than in the Back.

113. THE outer Surface of this Substance is furnished with small Eminences, which Anatomists have thought fit to call Papillæ, in which the capillary Filaments of the Cutaneous Nerves terminate by small radiated Pencils.

114. THESE Papillæ differ very much in Figure and Disposition, in the different Parts of the Body, and they may be distinguished into several Kinds.

115. THE greatest part of them is flat, of different Breadths, and separated by Sulci, which form a kind of irregular Lozenges. The Pyramidal Figure ascribed to them, is not natural, and appears only when they are contracted by Cold, by Diseases, by boiling or by some other artificial Preparation which alters their ordinary Structure.

116. THE Papillæ of the Palm of the Hand, of the Sole of the Foot, and of the Fingers and Toes, are higher than on the other Parts of the Body; but they are likewise smaller, closely united together, and placed as it were, endwise, with respect to each other, in particular Rows, which represent on the Skin all kinds of Lines, streight, crooked, waving, spiral, &c. These several Lines are often distinctly visible in those Parts of the Palm of the Hand, which are next the first Phalanges of the Fingers.

117. THE Red part of the Lips is made up of Papillæ, representing very fine Hairs or Villi closely united together.

118. THERE is another particular kind under the Nails; the Papillæ being there more pointed, or in a manner, conical, and turned obliquely toward the Ends of the Fingers. Those which are found in the hairy Scalp, Scrotum, &c. are still of other kinds.

119. THE Papillæ of the first and second kinds appear to be surrounded at their Bases, by a soft mucilaginous and pretty viscid Substance, which fills the Interstices between them, and represents a kind of Net-work or Sieve, the Meshes or Holes of which surround each Papilla. This Substance is commonly called Corpus Reticulare or Mucosum.

120. THE Origin of this Reticular or Mucous Body, has not hitherto been sufficiently explained, and it has not been determined, whether it forms an universal Integument, or whether it belongs more properly to the Skin, than to the Papillæ and Epidermis.

121. To demonstrate this Reticular Substance in public Courses, the common Method is to take the boild Tongues of Oxen or Sheep; but this Method is fallacious, and may lead the greatest number of the Spectators into Mistakes, as I shall show in another Place.

122. In Inflammations we observe a reticular Texture of capillary Vessels, more or less extended on the Surface of the Skin; and curious Anatomists demonstrate the same thing, by fine Injections, which may be look'd upon as artificial Inflammations. But neither of these Methods proves that in the natural State, these Vessels are Blood-Vessels, that is, that they contain the red Portion of the Blood.

123. It is more probable that this vascular Texture is only a Continuation or Production of the very small Capillaries of the Arteries and Veins, which in the natural State transmit only the serous Part of the Blood, while the red Part continues its Course through wider Ramifications, which more properly retain the name of Blood-Vessels.

124. THIS vascular Texture is of various Forms and Figures in the different Parts of the Body. It is not the same in the Face, with what it is elsewhere; neither is it alike on all the Parts of the Face, as may be discovered by the most ordinary Microscopes; and from hence we might perhaps be enabled to give a reason, why one part of the Body turns red, more easily than another.

125. THE inner Surface of the Skin is covered by very small Tubercles, called commonly Cutaneous Glands, and they are likewise termed *Glandulæ Miliæres*, because of some Resemblance which they are supposed to bear to Miller-Seeds.

126. THESE Tubercles are partly fixed in small Fossulæ, in the Substance of the Skin, which answer to the same number of small Cavities, in the *Corpus Adiposum*. Their excretory Ducts open on the outer Surface of the Skin, sometimes in the Papillæ, and sometimes on one side of them, as may be seen in the Ends of the Fingers, even without a Microscope.

127. THE greatest part of them furnishes Sweat, and others, a fatty, oily Matter of different Thicknesses, as in the hairy Scalp, in the Back, behind the Ears, and at the lower part of the Nose, where this Matter may be squeezed out, in form of small Worms. On the Head, this is called the Dandriff, and Filth or Nastiness on the other Parts of the Body.

128. BY macerating the Skin in Water, or in any other proper Liquor, these Corpuscles become more visible, especially in the Skin of the lower part of the Nose, and of the Axilla. The late M. *Duverney* demonstrated to the Royal Academy, that the Structure of some of these Cutaneous Glands resemble the Circumvolutions of small Intestins plentifully stored with Capillary Vessels. The illustrious M. *Morgagni* Professor at Padua has given the



the name of *Glandulae Sebaceae* to those which furnish the unctuous Matter above mentioned.

129. **BUT** as these *Corpuscles*, there are other small solid Bodies, almost of an oval figure, contained in the Substance of the Skin. These are the *Roots or Balls* from whence the Hairs arise, and some of them are situated within the inner Surface of the Skin, as I shall show hereafter.

130. **THE** Skin has several considerable Openings, some of which have particular Names; such as the Fissure of the Palpebrae, the Nares, the Mouth, the external Foramen of the Ears, the Anus and Openings of the Parts of Generation.

131. **BUT** as these, it is perforated by an infinite number of small Holes, called Pores, which are of two kinds. Some are more or less perceivable by the naked Eye: such as the Orifices of the milky Ducts of the Mammary, the Orifices of the excretory Canals of the Cutaneous Glands, and the Passages of the Hairs.

132. **THE** other Pores are imperceptible to the naked Eye, but visible through a Microscope; and their Existence is likewise proved by the Cutaneous Transpiration, and by the Effects of Topical Applications: and from these two Phænomena, they have been divided into arterial and venal Pores.

133. **WE** ought likewise to observe the Adhesions and Folds of the Skin. It is every where united to the *Corpus Adiposum*, as shall be said hereafter; but it adheres to it much more closely in some Parts, than in others, as in the Palm of the Hand, Sole of the Foot, Elbow and Knee.

134. **SOME** *Plicae* or Folds in the Skin, depend on the Structure of the *Membrana Adiposa* or *Cellularis*, as those in the Neck and Buttocks; others do not depend on that Membrane, such as the *Rugae* in the Fore-head, Palpebrae, &c. which are formed by Cutaneous Muscles, and disposed more or less in a contrary Direction to these Muscles. These Folds increase with Age.

135. **THERE** is besides, a particular kind of Folds in the Skin of the Elbow, Knee, and Condyles of the Fingers and Toes, which are owing neither to the Conformation of the *Membrana Adiposa*, nor to any Muscle.

136. **LASTLY**, there is a kind of *Plicae*, or rather Lines, which cross the Palm of the Hand, Sole of the Foot, and corresponding Sides of the Fingers and Toes in different Directions. These serve for Employment to Fortune-tellers, whose pretended Art is contrary to Religion, and despised by all Men of Sense.

## §. 2. *The Cuticula or Epidermis.*

137. **THE** outside of the Skin is covered by a thin transparent Web, closely joined to it, which is called *Epidermis*, *Cuticula* or the Scarf-Skin.

138. **THE** Substance of the *Cuticula* appears to be very uniform on the side next the Skin, and to be composed on the other side, of a great number of very fine small squamous Laminae, without any appearance of a fibrous

or vascular Texture, except some small Filaments by which it is connected to the Papillæ, and which perhaps are detached from thence.

139. THIS Substance is very solid and compact, but yet capable of being extended and thickened, as we see by steeping it in Water, and by the Blisters raised on the Skin by Vescicatories, or any other means; and from thence it would seem, that it is of a spongy Texture. It yields very much in Swellings, but not so much as the Skin, without breaking or cracking.

140. THE Origin of the Epidermis is as obscure, as its Regeneration is evident, sudden, and surprising; for let it be destroyed ever so often, it still grows again. It probably arises from a Substance that transudes from the Papillæ, and therefore the Ancients were in the right to call it an Efflorescence of the Skin.

141. We must not however imagine, that it is the Air which dries this mucilaginous Matter, and gives it the form of the Epidermis; because it is found equally in the Fœtus, which swims continually in Water; and it grows even on the Palate when it has been destroyed by too hot Food; and under Plaisters applied to any Part of the Body.

142. HARD and reiterated Frictions loosen it insensibly, and presently afterward, a new Stratum arises, which thrusts the first outward, and may itself be loosened, and thrust outward by a third Stratum, and so on.

143. IT is nearly in this manner, that Callosities are formed on the Feet, Hands, and Knees; and the several Laminæ or Strata observable at the same time, on many other Parts of the Body, are owing to the same Cause, tho' many Anatomists have look'd upon them to be natural. It must be acknowledged, however, that on the Palms of the Hands, and Soles of the Feet, the Epidermis is commonly thicker than on any other Part.

144. THE Epidermis adheres very closely to the Cutaneous Papillæ, from which it may be separated by boiling; or which is a much better way, by steeping for a long time, in cold Water. It is not impossible to separate it with the Knife, but this Management teaches us nothing of its Structure.

145. IT adheres still closer to the Corpus Reticulare, which is easily raised along with it; and they seem to be true Portions or Continuations of each other.

146. IT is generally believed, that the Colour of the Epidermis is naturally white; and that the apparent Colour thereof, is owing to that of the Corpus Mucosum. But when we examine separately the Epidermis of Negroes, we find no other Whiteness in it, than in a thin transparent Lamina of black Horn.

147. THE Epidermis covers the Skin through its whole Extent, except at the Places where the Nails lie. It is mark'd with the same Furrows and Lozenges as the Skin, and has the same Openings and Pores; and tho' it may be said to pass the Bounds of the Skin, where it is continued inward, through the great Openings, yet at these Places it loses the name of Epidermis.

148. WHEN we examine narrowly the small Pores or Holes, through which the Sweat passes, the Epidermis seems to enter these, in order to complete the excretory Tubes of the Cutaneous Glands. The Fossulæ of the Hairs.



Hairs have likewise the same Productions of the Epidermis, and it seems to give a sort of Coat or Bark to the Hairs themselves. Lastly, the small and perceptible Ducts of the Cutaneous Pores are lined by the Epidermis.

149. Having macerated the Skin for a long while in Water, the Epidermis, with all its Elongations, may be separated from the Skin, and these Productions carry along with them, the Hairs, the Ducts, and even the axillary Glands.

150. By this Observation, we may explain, how Blisters may remain for a long time on the Skin, without giving passage through these Holes, to the Matter which they contain, which Holes ought to be increased, one would think, by this Dilatation and Tension of the Epidermis.

151. For when the Epidermis is separated from the Skin, it carries along with it some Parts of these Cutaneous Fibres, which being compressed by the Matter contained in the Blister, shut the Pores of the separated Epidermis, like so many Valves; and it is probably these small Portions which have been taken for Valves of the Cutaneous Tubes.

### §. 3. Uses of the Skin.

152. It is chiefly and properly the filamentary Substance, called the Body of the Skin, which is the universal Integument of the Body, and the Basis of all the other Cutaneous Parts, each of which has its particular Uses.

153. THE Skin is able to resist external Injuries to a certain Degree, and such Impressions, Frictions, Strokes, &c. to which the Human Body is often liable, as would hurt, wound and disorder the Parts of which it is composed, if they were not defended by the Skin.

154. THE Papillæ are the Organ of Feeling, and contribute to an universal Evacuation, called insensible Transpiration. They likewise serve to transmit from without, inwards, the subtle Particles or Impressions of some things, applied to the Skin. The first of these three Uses depends on the Extremities of the Nerves, the second on the arterial Productions, and the third on the Productions of the Veins.

155. THE Cutaneous Glands secrete an oily Humour of different Consistences, and they are likewise the Origin of Sweat. But without the Epidermis, both Papillæ and Glands would be disturbed in their Functions, in which great Disorders must ensue.

156. IN order to explain the Mechanism of Feeling, or of the Touch, we should first be made acquainted with the Senses in general, for which this is not a proper place; and therefore all that I shall observe here, is, that there are at least two Sorts of Feeling, one general, the other particular.

157. PARTICULAR Feeling is accompanied with a certain determinate Impression, by which we are enabled to discern Objects in a very distinct Manner, and this is properly what is called the Touch; the proper Organ of which is at the inside of the Ends of the Fingers. General Feeling is indeterminate and indistinct, not being accompanied with the same Impression as the former.

158. **THESE** Differences in the Sense of Feeling, depend on those of the Papillæ, which, in effect, appear to be more close, and made up of a greater number of nervous Filaments at the Ends of the Fingers, than any where else; for the nervous Ropes that go to the Fingers, are proportionably larger than those that go to any other Part of the Body.

159. **THE** Epidermis serves to keep the Pencils or nervous Filaments of the Papillæ, in an even Situation, and without Confusion, and it likewise moderates the Impressions of external Objects. Particular as well as general Feeling is more or less perfect, in proportion to the Thinness of the Epidermis. Callusities in which, weaken and sometimes destroy both.

160. **ANOTHER** Use of the Epidermis is to regulate the Cutaneous Evacuations already mentioned, the most considerable of which is insensible Transpiration. By this we understand a fine Exhalation, or a kind of subtle Smoke, which flows out of the Body imperceptibly, and in different Quantities. It might be called Cutaneous Transpiration, to distinguish it from Pulmonary Transpiration, of which hereafter.

161. **THIS** Cutaneous Exhalation becomes sensible, by applying the End of the Finger, or Palm of the Hand to the Surface of a Looking-Glass, or of any other polished Body; for it presently looks dull and appears to be covered with a condensed Vapour. It seems to me, that the convex side of the Hand and Fingers, do not furnish so great a Quantity of this Exhalation, as the Palm of the Hand and the insides of the Fingers, especially the Extremities, which points out one Use of this Transpiration, viz. to keep the nervous Filaments in due order for particular Feeling.

162. **ANOTHER** Proof of insensible Transpiration, is the famous Experiment of *Sanctorius*, continued for thirty Years without interruption, by which he found that this Evacuation in one Day, was equal to all the sensible Evacuations for fifteen Days.

163. **THIS** Calculation is not agreeable to what has been made in other Countries, particularly those from the like Experiments made by *M. Dodart* and *Morin* of the Royal Academy of Sciences, and by *Dr. James Keil*, as published in his *Statica Britannica*. Neither can the Ballance inform us, whether the Cutaneous Transpiration is greater or less than the Pulmonary.

164. A long time ago, I discovered a Method to render this Transpiration visible, to the distance of about half a Foot from the Body, and I mentioned it in a Thesis printed at *Copenhagen*. If we look at the Shadow of a bare Head on a white Wall, in a bright Sun-shiny Day, and in the Summer-Season, we will perceive very distinctly the Shadow of a flying Smoke, rising out of the Head, and mounting upward, tho' we cannot see the Smoke itself. We may try the same Experiment with a Dog or Fowl, &c.

165. It is much in the same manner, that the invisible Exhalations from burning Charcoal throw a very distinct Shadow; and that the invisible Smoke of a Chafing-Dish, Warming-Pan, Stove, &c. make all distant Objects appear trembling, when view'd either over or on either side of those Utensils.



166. THE insensible Cutaneous Evacuation is performed simply, and without any Artifice, through the small Pores already mentioned, much in the same manner as we observe the Smoke to arise from the Intrails of an Animal newly killed and opened. It is a particular and continual Discharge of the Serum of the Blood through the capillary Vessels of the Skin.

167. It is naturally very moderate, and it is more abundant in the Summer, before a good Fire, after strong Exercise, and during the Distribution of the Chyle; than in the Winter, in cold Places, during Inaction, and before Meals.

168. THE transpired Matter appears to be in some degree saline, as may be observed by applying the Tongue to the Palm of the Hand, when it has not been washed lately before. This is perhaps the reason, why we feel less Pain when a Wound is touched with the Finger cover'd with Silk, than with the naked Finger; but this Inconveniency might easily be prevented by washing the Hands and Fingers very well, immediately before we begin to dress Wounds.

169. THE Matter of the other two Cutaneous Evacuations, the Sweat and thick oily Substance, comes chiefly from the Glands of the Skin. Each of them differs according to the different Parts of the Body where they are found, as may be observed both of the Filth and Sweat of the Head, Armpits, Hands, Feet, &c.

170. THIS Filth or Nastiness of the Skin, is an unctuous or fatty Matter, collected insensibly on the Epidermis, where it thickens and forms a sort of Varnish, which in time becomes prejudicial, by stopping up the Passages of Cutaneous Transpiration.

171. THIS Collection is more readily made in Winter, than in Summer; and this is the reason why it is more difficult to keep the Hands clean in cold, than in warm Weather. And while I am dissecting in Winter, the oftener I wash my Hands, the less sensible they are of Cold.

#### §. 4. *The Membrana Adiposa, and Fat.*

172. THE second universal Integument of the Human Body, is the *Membrana Adiposa*, or *Corpus Adiposum*. This is not, however, a single Membrane, but a Congeries of a great number of membranous Laminæ, joined irregularly to each other at different distances, so as to form numerous Interstices of different Capacities, which communicate with each other. These Interstices have been named *Cellulæ*, and the Substance made up of them, the cellulous Substance.

173. THE Thickness of the *Membrana Adiposa*, is not the same all over the Body, and depends on the number of Laminæ, of which it is made up. It adheres very closely to the Skin, runs in between the Muscles in general, and between their several Fibres in particular, and communicates with the Membrane, which lines the inside of the Thorax and Abdomen.

174. THIS Structure is demonstrated every day by Butchers, in blowing up their Meat, when newly killed; in doing which, they not only swell the

*Membrana*

Membrana Adiposa, but the Air insinuates it self likewise in the Interstices of the Muscles, and penetrates even to the Viscera, producing a kind of artificial Emphysema.

175. These cellular Interstices are so many little Bags, or Saccels, filled with an unctuous or oily Juice, more or less liquid, which is called Fat, the different Consistence of which depends not only on that of the oily Substance, but on the Size, Extent and Subdivision of the Cells.

176. It is generally known, that the illustrious *Malpighi*, took a great deal of pains about this Substance; that in Birds and Frogs, the Viscera and Vessels of which are transparent, he thought he saw a kind of Ductus Adiposi; and that by pressing these Ducts, he observed oily Drops to run distinctly into the small Ramifications of the Vena Portæ.

177. THE Manufacture of Soap, the Composition of the Unguentum Nutritum, and the different Mixtures of Oils with saline and acid Liquors, give us some Idea at least, of the Formation of the Fat in the Human Body; but the Organ which separates it from the Mass of Blood, which ought to be the Subject of our present Inquiry, is not as yet sufficiently known.

178. FAT is more fluid in living, than in dead Bodies. It melts with the heat of the Fingers in handling it, and its Fluidity is in part obstructed by the Sacculi, which contain it. To take it intirely out of these Bags, the Method is to set the whole over the Fire, in a proper Vessel; for then the Bags burst, and swim in Clusters in the true oily Fluid.

179. THIS Substance increases in Quantity in the Body, by Rest and Good Living; and on the contrary, diminishes by hard Labour, and a spare Diet. Why Nourishment should have this Effect, is easily conceived, and it is likewise easy to see that an idle sedentary Life must render the Fat less fluid, and consequently more capable of blocking up the Passages of insensible Transpiration, through which it would otherwise run off.

180. HARD Labour dissolves it, and consequently fits it for passing out of the Body, with the other Matter of insensible Transpiration. Some are of opinion, that it returns into the Mass of Blood, by the capillary Veins, and that it can, for some certain time, supply the Want of Nourishment.

181. BY this, they think, the long Abstinence of some Animals may be explained; but I am apt to believe, that the meer Decrease of Cutaneous Transpiration, occasion'd by the continual Rest and Inaction of these Animals, has a great share in this Effect.

182. THE proportional Differences, in the Thickness of this Membrana Adiposa, are determined, and may be observed to be regular in some Parts of the Body, where either Beauty or Use required it.

183. THUS we find it in great Quantities, where the Interstices of the Muscles would otherwise have left disagreeable hollow or void Places; but being filled, and as it were padded with Fat, the Skin is raised, and an agreeable Form given to the Part.

184. THE Appearance of a Person moderately fat, of a Person extremely lean, and of a dead Carcass, from which all the Fat has been removed, proves sufficiently what I have said.



to 185. In some parts of the Body the Fat serves for a Cushion, Pillow or Mattress, as on the Buttocks, where the Laminæ and Cells are very numerous. In other parts, this Membrane has few or no Laminæ, and consequently little or no Fat, as on the Fore-Head, Elbows, &c.

186. In some Places it seems to be braced down by a kind of natural Contraction in form of a Fold, as in that Fold which separates the Bass of the Chin from the Neck, and in that which distinguishes the Buttocks from the rest of the Thigh. We observe it likewise to be intirely sunk, or as it were perforated by a kind of Dimple or Fossula, as in the Navel of fat Persons.

187. These Depressions and Folds are never obliterated, nor the Person become so fat, because they are natural, and depend on the particular Conformation of the Membrana Adiposa, the Laminæ of which are wanting at these Places.

188. THE Fat is likewise of great use to the Muscles in preserving the Flexibility necessary for their Actions, and in preventing or lessening their mutual Frictions. This Use is of the same kind with that of the unctuous Matter found in the Joints, which was explained in the Description of the fresh Bones.

189. LASTLY, the Fat, as a fine oily Substance in its natural State, may be some defence against the Cold, which we find makes more Impression on lean than on fat Persons. It is for this reason that to guard themselves against the excessive Colds of hard Winters, and to prevent Chilblains, Travellers rub the Extremities of their Bodies, and especially their Feet, with spirituous Oils, such as that of Turpentine, &c.

190. THIS Mass of Fat, which makes an universal Integument of the Body, is different from that which is found in the Abdomen, Thorax, Canal of the Spina Dorfi, Articulations of the Bones, and in the Bones themselves.

191. BUT the difference of all these particular Masses of Fat consists chiefly, as I have said, in the thickness or fineness of the Pellicles, in the largeness or smallness of the Cells, and in the Consistence, Fluidity and Subtlety of the oily Matter.

#### §. 5. The Nails.

192. THE Nails are looked upon by some as Productions of the Cutaneous Papillæ, and by others, as a Continuation of the Epidermis. This last Opinion agrees with Experiments made by Maceration, by means of which the Epidermis may be separated intire from the Hands and Feet, like a Glove or Sock.

193. In this Experiment we see the Nails part from the Papillæ and go along with the Epidermis, to which they remain united like a kind of Appendix; and yet their Substance and Structure appears to be very different from that of the Epidermis.

194. This Ovary Root is covered by a white, to the Corpus Adiposum, and is connected with the Skin, to the Corpus Adiposum.

194. **THEIR** Substance is like that of Horn, and they are composed of several Planes of longitudinal Fibres sodered together. These Strata end at the Extremity of each Finger, and are all nearly of an equal Thickness, but of different Lengths.

195. **THE** external Plane or Stratum is the longest, and the rest decrease gradually, the innermost being the shortest, so that the Nail increases in thickness from its Union with the Epidermis where it is thinnest, to the end of the Finger where it is thickest.

196. **THE** graduated Extremities or Roots of all the Fibres of which these Planes consist, are hollowed for the Reception of the same number of very small oblique Papillæ, which are Continuations of the true Skin, which having reached to the Root of the Nail, forms a Semilunar Fold in which that Root is lodged.

197. **AFTER** this Semilunar Fold, the Skin is continued on the whole inner Surface of the Nail, the Papillæ insinuating themselves in the manner already said. The Fold of the Skin is accompanied by the Epidermis, to the Root of the Nail exteriorly, to which it adheres very closely.

198. **THREE** Parts are generally distinguished in the Nail, the Root, Body and Extremity. The Root is white and in form of a Crescent; and the greatest part of it is hid under the Semilunar Fold already mentioned.

199. **THE** Crescent and the Fold lie in contrary Directions to each other. The Body of the Nail is naturally arched, transparent and appears of the Colour of the Cutaneous Papillæ which lie under it. The Extremity of the Nail does not adhere to any thing, and still continues to grow as often as it is cut.

200. **THE** principal Use of the Nails is to strengthen the ends of the Fingers and Toes, and to hinder them from being inverted towards the convex side of the Hand or Foot, when we handle or press upon any thing hard. For in the Hand, the strongest and most frequent impressions are made on the side of the Palm, and in the Foot, on the Sole; and therefore the Nails serve rather for Buttresses than for Shields.

#### §. 6. *The Hairs.*

201. **THE** Hairs belong as much to the Integuments as the Nails. They are a kind of Reeds or Rushes, the Roots or Bulbs of which lie toward that side of the Skin which is next the Membrana Adiposa. The Trunk or beginning of the Stem perforates the Skin, and the rest of the Stem advances beyond the outer Surface of the Skin, to a certain distance, which is very various in the different parts of the Body.

202. **WHEN** the different Hairs are examined by a Microscope, we find the Roots more or less Oval, the largest Extremity being either turned toward or fixed in the Corpus Adiposum. The smallest Extremity is turned toward the Skin, and in some Places fixed in the Skin.

203. **THIS** Oval Root is covered by a whitish strong Membrane, in some measure Elastic, and it is connected either to the Skin, to the Corpus Adiposum,



posom, or to both, by a great Number of very fine Vessels and nervous Filaments.

204. **WITHIN** the Root, we observe a kind of Glue, some very fine Filaments of which advance toward the small Extremity, where they unite and form the Stem, which passes through this small Extremity to the Skin. As the Stem passes through the Root, the outer Membrane is elongated in form of a Tube which closely invests the Stem, and is intirely united to it.

205. **THE** Stem having reached the Surface of the Skin, pierces the Bottom of a small Fossula between the Papillæ, or sometimes a particular Papilla, and there it meets the Epidermis, which seems to be inverted round it, and to unite with it entirely. A sort of unctuous Matter transudes through the sides of the Fossula, which is bestowed on the Stem, and accompanies it more or less, as it runs out from the Skin, in form of an Hair.

206. **HAIRS** differ in Length, Thickness, and Solidity, in the different Parts of the Body. Those on the Head, are called in *English* by the general name of Hairs; those which are disposed Archwise above the Eyes, Supercilia, or the Eye-Brows; those on the Edges of the Palpebræ, Cilia, or the Eye-Lashes; and those which surround the Mouth, and cover the Chin, the Beard. In other Parts of the Body, they have no particular Names; and their different Lengths, Thicknesses, &c. in all these Parts, are sufficiently known.

207. **THEIR** natural Figure seems to be rather Cylindrical, than Angular; which is chiefly accidental. Their Colour is probably the same with that of the Glue, or medullary Matter of the Root, the different Consistence of which, makes the Hairs more or less hard, flexible, &c. Lastly, their streight or crooked Direction must depend on that of the Holes, through which the Stems pass.

208. **THE** Use of the Hairs, with respect to the Human Body in general, is not sufficiently known to be determined with certainty. Their Uses, with regard to some particular Parts may be discovered, as we shall see in the Description of these Parts.

#### §. 7. *The supposed Integuments of the Ancients.*

209. **BESIDES** the Integuments, which I have here described, the Ancients reckon'd two others, the Panniculus Carnosus, and Membrana Communis Musculorum.

210. **THE** Panniculus Carnosus is found in Quadrupeds, but not in Men, whose Cutaneous Muscles are in a very small number, and most of them of a very small Extent, except that which I call Musculus Cutaneus in particular; but even that Muscle cannot in any tolerable sense be reckoned a common Integument.

211. **THERE** is no common Membrane of the Muscles, which covers the Body like an Integument; it being no more than particular Expansions of the

the Membranes of some Muscles, or Aponeurotic Expansions from other Muscles.

212. The Elongations of the Lamina of the Membrana Adiposa, or Cellularis, may likewise have given rise to this Mistake, especially in such Places, where this Membrane is closely united to the proper Membrane of the Muscles.



SECT.



SECT. VIII

A Description of the Abdomen.

**Introduction.** IN the comprehensious View of the Parts of the Human Body, I gave a general Description and Division of the Abdomen, with a particular Enumeration of the external and internal Parts of which it is composed, and which it contains or supports. Therefore, that I may not be obliged to repeat these general Things, I must desire the Reader to revise what was there said, before he begins this Section.

**External Conformation of the Abdomen.** 2. THE whole Fore-part of the Abdomen forms an oblong Convexity, like an oval Vault, more or less prominent in the natural State, in proportion to the quantity of Fat upon it, and of Food contain'd in it, or to the different Degrees of Pregnancy in Women. The Hypogastric and Umbilical Regions are more subject to these Varieties, than the Epigastric Region. 3. On the sides, between the Hypochondria, and Ossa Ilium or Haunch, the Abdomen is commonly a little contracted; and backward, about the middle of the Regio Lumbaris, it is gently depressed, forming a kind of transverse Cavity, answering to the natural Incurvation of the Lumbar Portion of the Spina Dorsi, described in Sect. I.

4. THIS anterior Convexity, and posterior Cavity change, as we sit, stand, kneel, lie at our full length, or with the Thighs bent; and these Variations depend on the particular Situation of the Ossa Innominata, in these different Postures.

5. IN standing, the Convexity of the Belly, and Cavity of the Loins, are more considerable, than in most other Situations; for then the lower Extremity of the Os Sacrum, is turned very far back, and consequently the Os Pubis, very much down. In this Situation of the Pelvis, the Intestines fall naturally forward, and thus increase the Convexity of the Abdomen, and as the Vertebrae of the Loins are very much bent at the same time, the Cavity in that place must likewise be very considerable.

6. IN kneeling, the Ossa Pubis, are still lower than when we stand; and this not only increases the Hollow of the Loins, and throws the Abdomen and its Viscera more outward or forward, but also in some measure, strains the Abdominal Muscles; which is so uneasy to some Persons, as to cause them to faint away.

7. THIS Depression of the Os Pubis in kneeling, depends partly on the Tension of the two Musculi Recti Anteriores, the lower Tendons of which are in this Situation, drawn with Violence under the Condylode Pulley of the Os Femoris.

8. WHEN we sit in the common manner, that is, with the Thighs stretched out in a plane Parallel to that of the Seat, the Convexity of the Belly and Hollow of the Loins diminish.

9. For the Pelvis being in this Situation, supported on the Tubercula Iliaca, and these Tubercles being very near the Fore-part of the Pelvis; the Trunk of the Body pressing on the Os Sacrum, must lower the Pelvis behind, and raise it before.

10. WHEN we lie upon the Back at full length, and with the Thighs extended, the Belly is less convex, but more stretched and hard; whereas, when the Thighs are bent, it is soft and lax. In this Situation, the Regio Lumbaris is almost flat and very little depressed.

11. WHEN we lie on the Back, and raise the Head, or endeavour to raise it, we feel a Tension in the Fore-part of the Abdomen, which increases in proportion to the force we use in raising the Head.

12. THESE Varieties of the external Conformation of the Abdomen have a near Relation to so great a number of other Phenomena, in the Animal Economy of the Human Body, that it would require a whole Volume to explain all the Particulars thereof; neither are Details of this kind very proper in a Work designed to be purely Anatomical, in which, consequently, our main Business is to give a full and accurate Description of the true Structure of the Parts, and only to point out in general their principal Uses. The rest I resolve to make the Subject of another Work, as I have already said.

13. I mentioned the Integuments of the Abdomen in general, in the compendious View of the Parts. Fewer Papillæ appear in the Skin of the Belly than any where else. The antierior Portion of it is not only thinner and more compact than the posterioir, as has been already observed, but it has this likewise peculiar to it, that it may be naturally increased very much in breadth, and sometimes in a very extraordinary manner, without losing any thing of its thickness, in proportion to what it gains in breadth.

*Integuments  
of the Ab-  
domen.*

14. THIS Peculiarity likewise belongs to the Epidermis. I here speak only of what is observable in the natural State of Corpulency or Pregnancy, but I have not as yet been able to discover, what it is in the Texture or Structure of this Skin and Epidermis, on which this Peculiarity depends. All that I have been able to remark about it, was in the dead Body of a Woman, whose Belly was contracted and fallen; namely, that on the Surface of the Skin there was a great number of Lozenges disposed in a reticular manner.

15. THE Marks of these superficial Lozenges were in the Epidermis. They were composed of several fine Lines, which altogether extended to a sensible breadth. The Areas or Meshes of these Lozenges, which seem'd to be about the sixth part of an Inch in breadth, were very flat and thin.

16. IN the manner in which *Steno* used to open Bodies, by making two longitudinal Incisions in the Integuments, and so leaving a middle Band made up of the Skin and Fat, in their true places, it is easy to demonstrate the Union of the Aponeurotic or tendinous Productions with the Arteries, Veins and Nerves, in order to form the Skin of the Abdomen; and the same use might be made of this Method, in other Parts of the Skin, as I shall show in another Place.



17. The Cells of the Membrana Adiposa which cover the convex part of the Abdomen, are disposed in a very regular manner, as I discovered by that Method of opening Bodies, which I have always made use of, both in my publick and private Courses. This Method is to make two oblique Incisions in the Integuments, from the Navel to the Groins, and to separate this angular Portion of the Integuments, and throw it down over the Parts of Generation, that they may be covered, during the Demonstration.

18. This Triangular Portion being thus inverted, there appears on the inner Surface of the Membrana Adiposa, a longitudinal Line like a kind of Raphe, produced by the meeting of these cellular Rows, which form Angles successively, one above another, opposite to the Linea Alba of the Abdomen. The Cells in these Rows are more oblong than the rest, and in a manner oval, or like a Grain of Wheat.

19. THE Appendix Ensisformis of the Sternum, the Cartilaginous Portions of the last Pair of true Ribs; those of the first four Pairs of false Ribs, all the fifth Pair, the five Lumbar Vertebrae, the Ossa Imbricata, the Os Sacrum, and Os Coccygis, form the bony Sides of the Cavity of the Abdomen.

20. THE Diaphragm, the Muscles called particularly Musculi Abdominis, the Quadrati Lumborum, Psoai, Iliaci, the Muscles of the Coccyx, and of the Intestinum Rectum, form the chief part of the Circumference of this Cavity, and its whole inner Surface is lined by a membranous Expansion termed Peritonæum; all these Parts being covered by the Integuments already spoken to. As additional or auxiliary Parts, we might likewise add some Portions of the Sacro-Lumbares, Longissimi Dorsi, Vertebrales, Glutei, &c.

21. THE Cavity of the Abdomen is of an irregularly oval Figure, but still symmetrical. On the fore-side it is uniformly arched or oval, and its greatest Capacity is even with the Navel, and nearest Part of the Hypogastrium. On the upper-side it is bounded by a Portion of a Vault, very much inclin'd. On the back-side, it is in a manner divided into two Cavities by the jutting out of the Vertebrae of the Loins. On the lower side, it contracts gradually all the way to what I call the little Edge of the Pelvis, and from thence expands again a little, as far as the Os Coccygis, and Tubercles of the Isthium, terminating in the void Space between these three Parts.

#### §. 1. Peritonæum.

22. HAVING carefully removed the Muscles of the Abdomen, the first thing we discover is a very considerable membranous Covering, which adheres immediately to the inner Surface of the Musculi Transversi, and of all the other Parts of this Cavity, and involves and invests all the Viscera contained therein, as in a kind of Bag. This Membrane is named Peritonæum, from a Greek Word, which signifies to be spread around.

Cavity of  
the Abdo-  
men.

24. The Peritonæum in general is a Membrane of a pretty close Texture, and yet very limber and capable of a very great Extension, after which it can recover it self, and be contracted to its ordinary Size, as we see in Pregnancy, Dropsies, Copulency and Repletion. It seems to be made up at least of two Portions, one internal, the other external; which have been looked upon by many Anatomists, as a Duplicature of two distinct membranous Laminae. But properly speaking, the internal Portion alone deserves the name of a membranous Lamina, as being the main Body of the Peritonæum. The external Portion is no more than a kind of fibrous or follicular Apophysis of the internal, and may properly enough be termed the cellular Substance of the Peritonæum.

25. The true membranous Lamina, commonly called the internal Lamina, is very smooth, and polished on that side which is turned to the Cavity and Viscera of the Abdomen, and continually moisten'd by a serous Fluid discharged through almost imperceptible Pores.

26. These Pores may be seen by spreading a Portion of the Peritonæum on the end of the Finger, and then pulling it very tight on all sides, for then the Pores are dilated, and small Drops may be observed to run from them, even without a Microscope.

27. The Sources of this Fluid are not as yet sufficiently known. Perhaps it comes out by a kind of Transudation or Transpiration, like that which we observe in Animals newly killed. The whitish Corpuscles found in diseased Subjects are no Proof of the Glands, which some Anatomists place there in the natural State.

28. The cellular Substance, or external Portion of the Peritonæum, adheres very closely to the Parts which form the insides of the Cavity of the Abdomen, and it is not every where of an equal thickness. In some places it is in a very small quantity, and scarcely any appears at the tendinous or aponeurotic Portions of the Musculi Transversi, and on the lower side of the Diaphragm.

29. In all other places, it is thicker, and forms Cells expanded into very fine Laminae, which in diseased Subjects become sometimes so broad and thick, as to resemble so many distinct Membranes.

30. In some places, this Substance is every way like a Membrana Adiposa, being fill'd with Fat, as round the Kidneys, and along the fleshy Portions of the transverse Muscles to which it adheres. It intirely furrounds some Parts, as the Bladder, Ureters, Kidneys, spermatic Vessels, &c. and it is in these places improperly term'd the Duplicature of the Peritonæum.

31. BESIDES these Differences in thickness, the cellular Substance has several Elongations, which have been called Productions of the Peritonæum. Two of these Productions accompany and invest the spermatic Ropes in Males, and the vascular Ropes, commonly called the round Ligaments, in Women. There are other two, which pass under the Ligamentum Fallopii, with the crural Vessels, which they involve and they are gradually lost in their Course downward.



## THE ANATOMY OF

32. To these four Productions of the cellular Substance of the Peritonæum, we may add a fifth, which is spread on the Neck of the Bladder, and perhaps a sixth, which accompanies the Intestinum Rectum. All these Elongations pass out of the Cavity of the Abdomen, and may be termed external, to distinguish them from others that remain in the Abdomen, and are called internal, of which hereafter.

33. The great Blood Vessels, that is, the Aorta and Vena Cava are likewise involved in this cellular Substance of the Peritonæum. In a word, it involves immediately and separately all the Parts and Organs, which are commonly said to lie in the Duplicature of the Peritonæum.

34. The true Lamina or membranous Portion of the Peritonæum, is connected by the Intervention of the cellular Substance, to the inner Surface of the Cavity of the Abdomen, but it does not naturally accompany the external Elongations of that Substance. It only covers the Origin of some of these Productions, without any Alteration in its own Surface, at these Places.

35. It has nevertheless, Productions of its own, but they are very different from those of the cellular Substance; for they run from without, inward, that is, they advance from the convex side of the great Bag of the Peritonæum, into the Cavity of that Bag, some more, some less, and allow different manners; as if the sides of a large Ball or Bladder were thrust inward into the Cavity of the Ball or Bladder.

36. Of these internal Elongations or Intropressions of the true Lamina of the Peritonæum, some are simply folded, like a Duplicature; some are expanded like inverted Bags or Sacculi to contain some Viscus; some begin by a simple Duplicature, and are afterwards expanded into a Cavity which contains some Organ; some are alternately extended in the form of simple Duplicatures, and of Cavities; and lastly, some form only a small Eminence on the inner Surface of the great Cavity of the Peritonæum.

37. UNDER the first Species of these Productions, we may bring the membranous Ligaments of the Abdomen, such as those of the Liver, Colon, &c. We see the second Species in the external Membrane of the Liver; the third, in the Mesentery; the fourth, in the Mesocolon; and the fifth, at the Kidneys and Ureters.

38. BESIDES the external Productions of the cellular Substance of the Peritonæum, it has the same number of internal Elongations with the true Lamina; which lie between all the Duplicatures, and line the insides of all the Cavities, or that side next the Viscera contained in them.

39. THE Uses of the Peritonæum in general seem to be very evident from the Description which I have given of it; and the chief of these Uses are, to line the Cavity of the Abdomen, to invest the Viscera contained in that Cavity as in a common Bag, to supply them with particular Coats, to form Productions, Ligaments, Connexions, Folds, Vaginae, &c. as we shall see hereafter.

40. THE fine Fluid which transudes through the whole internal Surface of the Peritonæum, prevents the Inconveniencies which might arise from the continual

continued Dissections and Motions, to which the Viscera of the Abdomen are exposed either naturally, or by external Impulses.

I must here observe, that it is the common Custom, to demonstrate four Ligamentary Ropes, termed the Umbilical Vessels, before the Peritonæum is opened, because they adhere to the Umbilicus, and three of them, are really Vessels in the Fœtus, viz. two umbilical Arteries, and one Vein. We are in a manner obliged to submit to this Custom, in publick anatomical Demonstrations, where we have but one Subject for the whole; but as I am here under no such necessity, I refer the Description of these Ligaments to other more proper places of this Work. The venal Ligament shall be described in the History of the Liver; and the two arterial Ligaments, together with the Urachus, which is the fourth, in the History of the Bladder.

It is sufficient to observe here in general, that three of these umbilical Ropes or Ligaments are involved separately, and sustained by a Production or Duplication, which the Peritonæum sends into the Cavity of the Abdomen, in form of a Falx. In the publick Dissections and Demonstrations which I made at the Physick-Schools in 1726, I shew'd the manner of demonstrating these Falces, and of distinguishing them from the ligamentary Ropes.

#### §. 2. *Ventriculus.*

43. THE Stomach is a great Bag or Reservoir, situated partly in the left Situation Hypochondrium and partly in the Epigastrium. *Situation and Figure of the Stomach.*

44. THE Figure of the Stomach is like that of a Bag-Pipe, that is, it is oblong, incurvated, large and capacious at one end, and small and contracted at the other. We see this Figure most evidently, when the Stomach is moderately filled with Air or with any other Fluid.

45. THE Curvature of the Stomach gives us occasion to distinguish two Arches in it, one large, which runs along the greatest Convexity, and one small, directly opposite to the former. I name these Arches the great and small Curvatures of the Stomach; and by the sides of the Stomach, I understand the two lateral Portions which lie between the two Arches.

46. THE Stomach has two Extremities, one large, and one small like a crooked Funnel. It has two Openings, called the Orifices of the Stomach, one between the great Extremity and the small Curvature, the other at the end of the small or contracted Extremity. The first Opening is a Continuation of the Œsophagus; the other joins the Intestinal Canal, and is called by the name of Pylorus.

47. THE Stomach is not situated in the left Hypochondrium, and Epigastric Region in the manner represented in most of the Figures. It lies transversely, obliquely and almost laterally, in such a manner, as that the great Extremity and the Orifice next it, are on the left hand, and the small Extremity with its Orifice or the Pylorus, on the right hand, and lower and more inclined than the former. Therefore we ought with the ancient Anatomists to call one of these Orifices superiour, the other inferior.



48. THE great Extremity of the Stomach is in the left Hypochondrium, and for the most part immediately under the Diaphragm. Yet the superior Orifice is not in the left Hypochondrium, but almost opposite to, and very near the middle of the Bodies of the lowest Vertebrae of the Back.

49. THE small Extremity of the Stomach does not reach to the right Hypochondrium. It bends obliquely backward toward the upper Orifice, so that the Pylorus lies about two fingers breadth from the Body of the Vertebrae, immediately under the small Portion of the Liver, and consequently lower down, and more forward than the other Orifice, by almost the same distance. This Extremity of the Stomach has sometimes a particular Dilatation on the side next the great Curvature.

50. ACCORDING to this natural Situation, the Stomach, especially when full, lies so as that the great Curvature is turned more forward than downward, and the small Curvature more backward than upward.

51. ONE of the lateral convex Sides is turned upward, the other downward; and not forward and backward as they appear in dead Bodies, where the Intestines do not support them in their natural Situation.

52. IF we divide the Stomach along the two Curvatures into two equal Parts, we shall see that the two Orifices do not both adhere to the same half of this Division, as we would be apt to imagine according to the common Notion; but that the Diaphragmatic Orifice is intirely in the upper half, and the Intestinal Orifice in the lower half.

53. THEREFORE the Body of the Stomach is so far from lying in the same Plane with the Oesophagus, as it is commonly represented in Figures drawn from a Stomach taken out of the Body and laid upon a Table; that it forms an Angle or Fold, immediately at the passage of the Oesophagus through the small Muscle of the Diaphragm; and it is on account of this Angle that the superior Orifice is turned backward.

*Structure of  
the Stomach.*

54. THE Stomach is composed of several Parts, the chief of which are the different Strata which form its Substance, to which Anatomists give the name of Tunicae or Coats. These Coats are commonly reckoned to be four in number, the outer or common, the fleshy or muscular, the nervous or aponeurotic, and the villous or inner Coat; and they are afterwards subdivided several ways.

55. THE first or outermost Coat is simply membranous, being one of the internal Productions of the Peritonæum. This appears evidently at the Connexion of the superior Orifice with the Diaphragm, where the external Membrane of the Stomach is really continuous with the Membrane, which lines the inferiour Surface of the Diaphragm; and it is from this that it has been named the common Coat.

56. THE second or muscular Coat is made up of several Planes of Fibres, which may all be reduced to two, one external, the other internal. The external Coat is longitudinal, tho' in different respects, following nearly the Direction of the Curvatures and Convexities of the Stomach; and the internal Plane is transversely circular.

57. THE Fibres of the external Plane run slanting in several places, and are intersected by small oblique whitish Lines, which seem to be in some measure Tendinous. This Plane is strengthened by a particular Fasciculus which runs along the small Curvature, its Fibres appearing to be less oblique than those of the great Plane.

58. THE Fibres of the inner or circular Plane of this muscular Coat are stronger than those of the outer Plane. They are rather Segments which unite at different distances, than intire Circles; and they are likewise intersected by great numbers of small white Lines, in some measure Tendinous, and very oblique, which all together represent a kind of Net-work, the Areolæ or Meshes of which are very narrow.

59. As these Circles or Segments advance on the great Extremity of the Stomach, they diminish gradually, and form a kind of muscular Vortex, the Center of which is in the middle of that Extremity.

60. BETWEEN the outer and inner Planes, round the superiour Orifice, there are two distinct Planes, about the breadth of a Finger, and very oblique, which surround this Orifice in opposite Directions, and intersect each other where they meet on the two lateral Sides.

61. ALONG the middle of each lateral side of the small Extremity, there runs a tendinous or ligamentary flat Portion, above a quarter of an Inch in breadth, which terminates in the Pylorus. These two Portions lie between the common and muscular Coats, and adhere very strongly to the first.

62. BETWEEN the same two Coats, there is a cellular Substance which adheres very closely to the external Coat, and insinuates itself between the fleshy Fibres of the second, all the way to the third, as may be perceived by blowing it up. Some make it a distinct Coat, and call it Tunica Cellulosa, but it is no more than the cellular Portion of the membranous Coat, like the cellular Portion of the Peritonæum.

63. THE third Coat, called commonly Tunica Nervosa, sustains on its convex side, a very large reticular Distribution of capillary Vessels and Nerves. On the concave side it seems to be of a very loose Texture, and as it were spungy or filamentary, containing a great number of small Glandular Bodies, especially near the small Curvature and small Extremity of the Stomach.

64. THIS spungy Texture resembles fine Cotton, as may be seen, by macerating it a little in clear Water, which swells it considerably in a very short space of time. It is supported by a kind of Ground-work of very fine ligamentary or aponeurotic Filaments which intersect each other obliquely, much in the same manner as the third Coat of the Intestines, of which hereafter; and it adheres to the convex side of the villous Coat.

65. THE fourth Coat of the Stomach is termed Villosa, because when it swims in clear Water, some have imagined they saw something in it like the Pile of Velvet. The Ancients called it Tunica Fungosa, and perhaps this name agrees best with its true Structure. We observe in it a great number of small Holes answering to the small Glands already mentioned.

66. THESE two Coats are of a larger extent than the two former, and they join in forming large Rugæ on the concave Surface of the Stomach, the



the greatest part of which are transverse, the irregular and many. There are likewise some longitudinal ones, which intersect the others, and at the Pylorus they all become longitudinal, and terminate there.

67. At the superior Orifice of the Stomach, these Rugae are in a manner radiated, and seem to be a Continuation of the Plicae or Folds of the Oesophagus; only they are thicker, and where these Rugae and Plicae meet, they form a sort of Crown, which distinguishes the superior Orifice of the Stomach from the inferior Extremity of the Oesophagus.

68. In the Interstices of these Rugae, there is often found a sort of slimy Mucus, with which the whole Cavity of the Stomach seems likewise to be moisten'd. This Mucus is much more fluid in living Bodies, and is supplied by the Glands of the Stomach. It may be termed Succus Gastricus or Stomachicus.

69. On the inner Surface of the small Extremity of the Stomach, at the place where it ends in the intestinal Canal, we observe a broad, thin, circular Border, with a roundish Hole in the middle. This Hole is the inferior Orifice of the Stomach, called by the Greeks Pylorus, which signifies a Porter.

70. This Border is a Fold or Duplicature of the two inner Coats of the Stomach, the Nervosa and Villosa; and it is formed in part by a Fasciculus of fleshy Fibres, fixed in the Duplicature of the Tunica Nervosa, and distinguished not only from the other fleshy Fibres of the Extremity of the Stomach, but also from those of the Intestines, by a thin, whitish Circle, which appears even through the external or common Coat, round the Union of the Stomach and Intestines.

71. The Figure of the Pylorus is that of a Ring, transversely flattened, the inner Edge of which, or that next the Center, is turned obliquely toward the Intestines, like a broad Portion of a Funnel. This inner Edge runs naturally more or less into little Plaits or Gathers, like the Mouth of a Purse almost shut; all which Particulars are very different from what Figures and dried Preparations would make us believe. It is therefore a kind of Sphincter, which can contract the inferior Orifice of the Stomach, but seems not capable of shutting it quite close.

*Arteries of the Stomach.* 72. The principal Arteries of the Stomach are the Coronaria Ventriculi, which runs along the small Curvature, and the two Gastricae, that is, the Sinistra or Major, and Dextra or Minor, both which form one common Artery, which runs along the great Curvature. The Coronaria Ventriculi becomes united in the same manner with the Pylorica, and both make one common Vessel.

73. These two Arterial Arches send a great number of Branches toward each other on both sides of the Stomach; and these Branches are gradually ramified in different Directions, by very frequent Divisions and Subdivisions, the greatest part of which communicate with those from the other Artery.

74. From these frequent Ramifications and Communications of the arterial Arches of the Stomach, two different reticular Textures arise, whereof one

one which is the largest, lies between the common and muscular Coats in the cellular Substance (which there, the other, which is very fine, lies in the Surface of the Tunica Nervosa. The latter is a continuation of the first, being formed by means of a great Number of very thin Branches, which go out from the other, and pass through the small Interstices between the Fibres of the muscular Coat.

75. By artificial Injections we can show a third extremely fine reticular Texture of capillary Vessels, which run between the Glandular Bodies and Papillae of the Tunica Villosa. These do not seem in the natural State to be purely blood Vessels, as Inflammations and Injections may incline us to think.

76. THE Arteries of the Stomach come originally from the Gallies, by means of the Hepatica, Splenica, and Coronaria. The Pylorica and Mesenterica superior likewise contribute to them by Communications, more or less immediate. They communicate also with the Mammariae Internae and Diaphragmaticae, and by means of the Epigastrica sinistra, with the Mesenterica inferior.

77. THE Veins of the Stomach are Ramifications of the Vena Portae in general, and in particular, of the Mesaraica Major, Splenica, and Hemorrhoidalis Interna, the Distribution of which, may be seen in the Description of the Veins. They accompany the Arteries more or less, and form nearly the same kinds of Arches and reticular Textures, with this difference, that they are proportionably greater, their reticular Arcs are larger, and their external Communications more frequent.

*Veins of the Stomach.*

78. BETWEEN the common and muscular Coats of the Stomach, we find a great number of Nerves of different sizes. Many of them accompany each other, in form of a broad flat Fasciculus, along the small Curvature of the Stomach, from the superiour to the inferiour Orifice. The rest are spread in different Directions, on the Sides, Extremities and great Curvature, forming at different distances a kind of reticular Plexus, from which a great number of Filaments are detached to the inner Coats.

*Nerves of the Stomach.*

79. THEY arise chiefly from the Nervi Sympathetici Medii, or eighth Pair, by means of the Plexus Coronarius Stomachicus formed round the superiour Orifice of the Stomach, by the Expansion of the Extremities of two large Ropes, which run down upon the Oesophagus, by the name of Nervi Stomachici. The great sympathetic Nerve, commonly called Intercostalis, contributes likewise to them, by communicating Filaments, which the Plexus Stomachicus receives from the Semilunare Ganglions of the Plexus Hepaticus, and particularly from the Plexus Splenicus.

80. THE Stomach receives in general, whatever the Mouth and Tongue send thither, through the Canal of the Oesophagus, but its particular use is to receive the Aliments, to contain them for a longer or shorter time, in proportion as they are more solid or fluid, and to digest them; that is, to put them in a condition to be turned into that nutritious Fluid, called Chyle.

*Uses of the Stomach.*



## THE ANATOMY OF

81. **THIS** Operation, which goes by the general name of Digestion, and by which Chylification begins, is performed partly by the Sucus Gastricus, which flows continually from the Tunica Villosa, and partly by the continued Contraction and Relaxation of the muscular Coat. These Motions in Man

are but very weak, and no ways sufficient for Digestion, without the assistance of the alternate Motions of the Diaphragm, and Muscles of the Abdomen.

82. **THE** Pylorus, or fleshy Circle of the inferior Orifice of the Stomach, serves to retain the Aliments in it, till they have acquired a sufficient Degree of Fluidity, to pass easily through that Opening. I say easily, for

by a particular Irritation of the muscular Coat of the Stomach, and still more by a violent Contraction of the Diaphragm and Muscles of the Abdomen, the Contents of the Stomach may be very soon forced towards the small Extremity, and pushed through the Pylorus.

83. **THE** gentle and alternate Motions of the orbicular Fibres of the muscular Coat, may assist in sending through the Pylorus, in the natural way, the Aliment that is sufficiently digested. This was called the Peristaltic or Vermicular Motion, by those who believed that it is successively reiterate, like that of Earth-Worms when they creep.

84. **TRITURATION** might be a proper enough Term for this Operation, provided it be made to signify only a gentle Agitation or Action of the fleshy Fibres, in a Substance continually moisten'd by the Gastric Liquor, and not a violent grinding of a dry Substance.

85. **THE** Situation of the Stomach, which is nearly transverse, is likewise of use in making the Aliment remain long enough in that Cavity, and may serve to make the length of this Stay, in some measure, arbitrary, by means of the different Postures of the Body; for when we lie on the left side, the Aliment must remain longer, than when we lie on the right, &c.

86. **THE** Obliquity of the Stomach may serve to clear up a Difficulty, that very much torments those who believe, that both Orifices of the Stomach lie in the same Level; which is, how any heavy Substance once got into the Stomach, can ever rise again to this Level, to pass into the Intestines.

### § 2. *The Intestines in general, and Intestinum Duodenum in particular.*

*Situation,  
Size, and  
Division of  
the In-  
testines.*

87. **BETWEEN** the Pylorus and the very lowest part of the Abdomen, lies a long Canal, bent in a great many different Directions, by numerous Convolutions or Turnings, called the Intestines.

88. **THIS** Canal thus folded and turned, forms a considerable Bulk, which fills the greatest part of the Cavity of the Abdomen; and it is connected through its whole Extent, to membranous Productions or Continuations of the Peritonæum, principally to those called the Mesentery and Mesocolon, of which hereafter.

89. **THE** Incurvations of the intestinal Canal form two Arches, a small one by which it is connected to the Mesentery and Mesocolon, and a great one on the opposite side, which lies loose. The whole Canal is generally about seven or eight times as long as the Subject.

90. The intestinal Canal is neither of an equal Size nor Thickness through its whole length, from whence Anatomists have taken occasion to consider its different Portions, as to many particular Intestines, and to divide them all into small and great.

91. And as they still found some Differences in each Class taken all together, they divided each into three Portions, which they distinguished by particular Names. In the small Intestines, the three Portions are named Duodenum, Jejunum, and Ileum; and in the great Intestines, Cæcum, Colon and Rectum.

92. The Intestines in general are composed of several Coats, much in the same manner with the Stomach. The first and outermost is a Continuation of the Mesentery, or of some other Elongation or Duplication of the Peritonæum.

93. This is commonly termed, the common Coat, and it has a cellular Substance on its inner Surface, like that of the Stomach, which Mr. Raych thought fit to call a distinct Coat, by the name of Tunica Cellulosa.

94. The second Coat of the Intestines is fleshy or muscular, and made up of two Planes, one external, the other internal. The external Plane is very thin, and its Fibres longitudinal; the internal Plane is thicker, and its Fibres run transversely round the Circumference of the intestinal Cylinder.

95. I am not of opinion, that these Fibres are spiral, nor that they are perfect Circles or Rings; but they seem rather to be Segments of Circles, disposed much in the same manner, as in the Stomach, and thus surrounding intirely the intestinal Canal.

96. These two Planes adhere closely together, and are separated with great difficulty. They adhere likewise to the common Coat, by the Intervention of the cellular Substance, which is in greater quantities on the side next the Mesentery than on the other.

97. The third Coat is called Nervosa, and is something like that of the Stomach. It has a particular Plane, which serves as a Basis to sustain it, made up of very fine, strong, oblique Fibres, which seem to be of the ligamentary or tendinous kind.

98. To see this Plane distinctly, a Portion of the Intestines must be inflated; the common Coat removed, and the fleshy Fibres scraped off.

99. This Coat sustains two reticular Substances which are both valcular, one arterial, the other venal, accompanied by a great number of nervous Filaments. These Vessels and Nerves are Productions of the Mesenteric Vessels and Nerves; and as they surround the whole Canal of the Intestines, some Anatomists have formed them into a distinct Coat, by the name of Tunica Vasculosa.

100. The nervous Coat sends off from its inner Surface a great number of Portions of Septa, more or less circular, which contribute to the Formation of what are called Valvula Conniventes, of which hereafter. It likewise seems to sustain several different Glandular Bodies, which we discover in the Cavity of the Intestines.

Structure of the Intestines.

Structure of the Intestines.



*Intestina  
Tenuia.*

*Situation  
and Con-  
nexion of the  
Duodenum.*

*Structure of  
the Duode-  
num.*

101. The fourth or innermost Coat is very soft, and is called *Tunica Villofa*. It has the same Extent with the third Coat, which covers it, and it lines all the Sides of that third Coat, but it is not uniform through the whole Canal, as we shall show in the particular Description.

102. The small Intestines form one continued uniform Canal, and the three Portions of it have three different Names, yet we have no sufficient Marks, whereby to distinguish these, to fix the precise Extent or Length of each Portion, or to settle its just Limits.

103. The first and smallest Portion of the whole Canal is called *Duodenum*, the second, which is much longer, *Jejunum*, and the third, which is still longer than the second, *Ileum*.

104. The first Portion of the small Intestines was called *Duodenum*, from the length ascribed to it by the Ancients, viz. the breadth of twelve Fingers; and the Moderns need not cavil much about this length, if it is measured with the Ends of the Fingers of the Subject.

105. The Intestine having arisen from the Pylorus, is immediately bent a little backward, and obliquely downward; then it bends a second time toward the right Kidney, to which it is a little connected, and from thence passes before the Renal Artery and Vein, ascending insensibly from right to left, till it gets before the Aorta and last Vertebrae of the Back. It continues its Course obliquely forward, by a gentle Turn, which may be reckoned a third Incurvation, and also the Extremity of the Duodenum.

106. Throughout this whole Course, the Duodenum is firmly bound down by Folds of the Peritonæum, especially by a transverse Duplication, which gives Origin to the Mesocolon. The two Laminae of this Duplication being at first separate, and soon afterwards uniting, must leave a triangular Space between them, which is lined with a cellular Substance.

107. It is in this Space that the Duodenum adheres by means of the cellular Substance, to the Parts already named; and the Intestine is contained therein, as in a Case, so that without Dissection, we can see nothing but its two Extremities, and even these are hid by the Colon, and by the first Convolution of the Jejunum.

108. The first Coat of the Duodenum is consequently different from that of the other small Intestines, having this peculiar to it, that it does not invest the whole Circumference of the Intestine, because through the greatest Part of its length, it lies in the triangular Space already mentioned; and for the same reason there is a greater Quantity of cellular Substance, belongs to the outer Coat of the Duodenum, than to that of the other Intestines.

109. The muscular Coat of the Duodenum is thicker than in the Jejunum and Ileum.

110. The *Tunica Nervosa* and *Villofa* form conjointly on the inside of this Intestine, a great number of small Duplications which advance into the Cavity more or less directly, like Portions of circular Planes, with one Edge fixed to the Intestine, and the other, loose. These are what Anatomists call *Valvulae Conniventes*.

111. The loose or floating Edge of these Valves, is formed into small Galleries or Waves in the natural State. They designedly, in the natural State, to rectify the false Ideas which dry Preparations of the Intestines are apt to beget. The whole Surface of these Duplicitures or Valves, is various as well as that of the Intestines between them.

112. The Villi of this Intestine are thicker than in the Stomach, but the Texture of them in Man, is not like Hairs, as they are commonly represented in Figures; but rather like that of a fungous, granulated Substance composed of an infinite number of very fine Papillae of different Figures, in which we see through a Microscope, a multitude of deepish Points or Pores, by which their whole Surface seems to be pierced.

113. By the same Help, we observe on different places of the inner Surface of this Intestine, several round villous Tubercles, rising like small Verres at different distances from each other.

114. This Substance sustains an infinite number of capillary Vessels, of different kinds; for besides the Blood-Vessels, we sometimes observe a great number of white Filaments which run through it, and end at its inner Surface, like so many capillary Roots of the Vessels, called Vene Lactae.

115. The fungous Substance which binds these capillary Filaments together, and surrounds them, is very tender, and the capillary Extremities of the small Blood-Vessels distributed through it, seem to be turned toward the Pores of the Papillae. Through these Pores, a mucous Fluid more or less transparent, is discharged, which continually moistens the Cavity of the Intestine.

116. The internal Surface of the Duodenum is furnished with a great number of small flat glandular Tubercles, raised on the sides, and depressed in the middle by a kind of Fossula; and they are more numerous, near the beginning of this Intestine than any where else. About the Pylorus, they lie in a manner in Harps or Clusters, and from thence the distance between them increases gradually all the way to the other Extremity, where they are single.

117. These Glands, when examined carefully, appear like little Bladders, with the Orifices turned toward the Cavity of the Intestine, and the Bodies fixed in the spongy Substance next the nervous Coat. They furnish a particular Fluid, which is often found to be viscid.

118. In the inner Surface of the Duodenum, almost at the lower part of the first Incurvation, and on the shortest side, there is a longitudinal Eminence, in the Point or Apex of which, lies a particular Opening, which is the Orifice of the Ductus Biliaris, within which the Ductus Pancreaticus likewise opens.

119. This Intestine is commonly the widest, tho' the shortest of the Intestina Tenia, and is invested by more cellular Substance, especially while within its triangular Case, where it wants the outer Coat, which the others have; and consequently it is more easily dilatible, by the Substances which might otherwise stick within it.

Glands of  
the Duode-  
num.

The Biliary  
Orifice of the  
Duodenum.



*Situation and  
Size of the  
Jejunum.*

120. These Valves in this Intestine are very broad, very numerous, and very near each other. On the side of the great Curvature, their Circumference is continuous and uniform, and on the side of the small Curvature, there are several Breaks in them. The Extremities of some advancing beyond the others, and forming a kind of Valve.

121. The Jejunum, so called, because it is oftener found empty than the Ileum, begins at the last Incurvation of the Duodenum, and is there connected to the beginning of the Mesocolon.

122. From thence it bends downward from left to right, and obliquely forward, or from the Vertebrae, and makes several Convolutions, which lie chiefly in the upper part of the umbilical Region. Through all this Convolution it is connected to the Mesentery in the manner that shall be explained hereafter.

123. It is a pretty difficult matter to fix the exact Bounds between the Intestine and the Ileum. The external Marks of a redder Colour in the one than in the other, tho' pretty common, are not constant; and the internal Marks fixed from the Plurality of Valvulae Conniventes are indeterminate, and oftentimes appear only from Dissection.

124. These two Intestines may be better distinguished by their different Situations, which are pretty regular; but as even this Mark is not particular enough, the most easy way that I have been able to contrive, and which will in most Cases be found sufficiently exact, is to divide both Intestines into five Parts; and to allow nearly two fifths to the Jejunum, and three fifths and a little more to the Ileum.

*Structure of  
the Jejunum.*

125. THE Coats of the Jejunum are nearly of the same Structure with those of the Duodenum, but thinner. The common Coat is a Continuation of the Mesentery; and the cellular Substance is in less quantity than in the Duodenum; and indeed seems to be altogether wanting along the great Curvature of the Convolutions, where the longitudinal Fibres of the muscular Coat adhere very closely to the external Membrane.

126. This muscular Coat is not so strong as that of the Duodenum. The longitudinal Plane of Fibres is very thin, and almost imperceptible, except along the great Curvature, opposite to the Connexion of the Mesentery, where we see through the membranous Coat, a kind of whitish ligamentary Band, about the third part of an Inch in breadth, which is continued along the great Curvature of all the Convolutions of this Intestine, and of the Ileum.

127. This ligamentary Band is like those which we observe on the sides of the small Extremity of the Stomach. It adheres perfectly to the membranous Coat and to the longitudinal Fibres of the muscular Coat, which are here more visible, and appear to be stronger than in any other place.

128. THE Tunica Nervosa, which I choose rather to call Reticularis, and its proper cellular or lanuginous Substance, have nothing peculiar to them more than has been already said about the Intestines in general. By blowing artfully into this Substance, it may be made to swell so much, round the whole Cavity of the Intestine, as to destroy all the Duplicatures or Valvulae Conniventes.

128. THESE Valves in this Intestine are very broad, very numerous, and very near each other. On the side of the great Curvature, their Circumference is continuous and uniform; but next the small Curvature, there are several Breaks in them, the Extremities of some, advancing beyond the rest, and terminating in Points. Some of these Valves go quite round, others only some part of the way, and some of them are very small, which go obliquely between two large ones, forming a kind of Communication.

129. THE Papillæ of the Tunica Villosa are here more raised more loose, and floating than in the Duodenum, and each of them seems to be divided into several others, by Incisures of a very singular kind. In other respects they agree pretty much with what was said in the Description of the Intestines in general. The Observations and Figures published by *M. Helvetius*, first Physician to the French Queen, in the Memoirs of the Royal Academy, express these Papillæ, and the whole Tunica Reticularis very justly.

130. THE Glandular Lacunæ of the Jejunum are of the same Structure with the Glandulæ Brunneri or Duodenales; but they are disposed in a different manner. They are partly single at different distances from each other, and partly in several Clusters, like flat oblong Bunches of Grapes, called Plexus Glandulosi Peyerii. These are in the largest quantity near the great Curvature, and they cross through several Valvulæ Conniventes at once.

131. THE Vessels, Nerves, Connexions, &c. must be referred till the Mesentery has been described.

132. THE Coats of the Jejunum are nearly of the same Structure with those of the Duodenum, but the latter is a Continuation of the Mesentery, and the former is not.

#### S. 5. *Intestinum Ileum.*

132. THE Convolutions of the Intestinum Ileum surround those of the Jejunum on the two lateral and lower Sides, and it passes in a winding Course from the left Side, by the Hypogastrium, to the right Side, where it terminates a little below the right Kidney, joining the Intestina Crassa, in the manner that I shall relate hereafter. The lateral Convolutions are supported by the Ossa Ilium, so called, not from this Intestine, but from the Region of the Abdomen, termed Ilii.

133. THE Structure of the Ileum is much the same with that of the Jejunum; only the internal Duplicatures or Valvulæ Conniventes decrease gradually, both in number and size. Near the Extremity of the Ileum their Direction is changed, and instead of being transverse or circular, they become longitudinal, and terminate in a kind of Pylorus which advances into the Cavity of the great Intestines, as we shall see presently.

134. WE observe likewise in this Intestine, as in the Jejunum, single or solitary Glands or Lacunæ, and also reticular Glands, or Glands in Clusters, the last of which at the extremity of this Intestine, is oftentimes of a great extent, but the greatest part of these Glands appear to be flatter here than in the Jejunum. The cellular Substance of the external Coat is in less quantities than in the foregoing Intestines, and the Ileum appears commonly more pale, or not so red as the Jejunum.



136. The Vessels, Nerves, Conscience, &c. must be referred to the History of the Mesentery.

137. The great Intestines are one continued Canal, divided into three Portions, like the small ones. This Canal begins by a kind of Sacculus or Bag, which is reckon'd the first of the three Portions, and called Cæcum. The second Portion, called Colon, is the longest of the three, and is distinguished from them by a great number of particular Eminences or Convulsions, which appear on its outer Surface through its whole length. The last Portion, called Rectum, being more uniform, narrower, thicker, and much longer than the Colon.

138. The Structure of the great Intestines is nearly the same with that of the small ones, in regard, both to the Number and Disposition of their Coats. They are shorter, and have fewer Convulsions, but are much more capacious. The Coats in general, are stronger, but especially the muscular Coat. The Villi and mucilaginous Glands are different, and there are several other things relating to them, which will come in better in the particular History.

*Situation and Structure of the Cæcum.*

139. The Intestinum Cæcum is only a round short broad Bag, the Bottom of which is turned downward, and the Mouth or Opening upward. It lies under the right Kidney, and is hid by the last Convolution of the Ileum. It is about three Fingers breadth in length, and its Diameter is more than double that of the small Intestines.

*Appendicula Vermiformis.*

140. ON one side of the Bottom of the Cæcum lies an Appendix, resembling a small Intestine, nearly of the same length with the Cæcum, but very slender. It is termed Appendicula Vermiformis, from its supposed resemblance to an Earth-worm. Its common Diameter is not above a quarter of an Inch. By one Extremity, it opens laterally, and a little obliquely into the Bottom of the Cæcum; and the other Extremity is closed, being sometimes greater, sometimes smaller than the rest of the Appendix.

141. It has some Contortions, like those of a Worm when it is touched, from whence comes the Epithet of Vermicularis or Vermiformis; and it may likewise be compared to the Gills or Pendants of a Turkey-Cock. Its Structure resembles nearly that of the other Intestines.

142. The internal Coat of this Appendix is folliculous, like that of the Duodenum; and it is likewise Reticular, the Masses being the Glandular Lacunæ, which continually discharge a Fluid into its Cavity.

143. It has been often disputed whether this Appendix or the large Portion, which is as it were, the Head of the Colon, ought to be called the Cæcum; but the general Division of the Intestines into great and small, leaves no room to doubt of its being only an Appendix in Man; whatever reason there may be for talking differently with respect to Brutes and Birds.

144. THROUGH the membranous or common Coat of the Cæcum, we see three white ligamentary Bands, which adhere very closely, both to the outer and

and muscular Coat. One of them is hid by the adhesion of the Mesocolon, and all the three divide the Cæcum longitudinally into three parts, more or less equal.

144. These all unite on the Appendicula Vermiformis, and cover its whole outer side immediately under the common Coat. Tho' they appear exteriorly on the Cæcum to be ligamentary, they are made up interiorly of fleshy Fibres which accompany and strengthen the longitudinal Fibres of the muscular Coat.

145. The villous Substance of the inner Coat of the Cæcum is very short, and furnished in several places with Glandular Lacunæ or Solitary Glands, broader than those of the small Intestines.

146. These Glandular Lacunæ or Folliculi are flattened and depressed in the middle like Small-Pox. When we blow through a Pipe into these Lacunæ without touching them, the Folliculi are inflated, and represent little Caps with a Hole in the middle of their convex Side.

§. 7. *Intestinum Colon.*

147. THE Colon is the most considerable of all the Intestines. From the Cæcum, of which it is a Continuation, it reaches in form of an Arch, above the umbilical Region, and to the lower part of the left Hypochondrium. Its Continuity is however a little interrupted by the Ileum, which advances into the Cavity of the Colon, and together with a certain Fold of that Intestine, forms what is called Valvula Coli.

*Situation and Structure of the Colon*

148. THE whole convex side of the Colon is divided longitudinally into three Parts, by three ligamentary Bands, continued from those of the Cæcum, and of the same Structure with these. Two of these Bands run on each side, along the great Curvature of the Colon, and the third along the small Curvature.

149. THE uppermost Band of the two that belong to the great Curvature, is the broadest of the three, that which belongs to the small Curvature is the narrowest, and lay hid by the Connexion of the Mesocolon, till it was brought to light by M. Morgagni.

150. THESE three longitudinal Bands do the Office of longitudinal Fræna, between which this Intestine is through its whole length alternately depressed into transverse Folds, and raised into considerable Eminences. All the Folds are Duplicatures, which form Portions of Valvulæ Conniventes in the Cavity of the Intestine; and the Eminences form Receptacles, called the Cells of the Colon.

151. ALL the Coats of the Colon concur equally to the Formation of these Duplicatures and Cells, the Depth of which decreases gradually toward the Extremity of the Intestine, and neither of them go any further than the ligamentary Bands.

152. THESE Portions of the Colon which are immediately covered by the ligamentary Bands, are smooth and without Rugæ, and therefore if these



Bands alone are out a-cross, the Intestine is not elongated sufficiently to destroy all the Folds and Cells.

153. THE common Coat on one side is a Continuation of the Mesocolon, and on the other side it contributes by the same Continuation, to form the Omentum. The longitudinal Fibres of the muscular Coat are very slender, and those which answer to the annular or circular Fibres of the small Intestines, are only Segments stretched over the Eminences and Folds. The other Coats are nearly as in the Cæcum; only the Glandular Lacune or solitary Glands are broader and more numerous.

154. THE Arch of the Colon begins under the right Kidney, near the Hanch. It runs up on the foreside of that Kidney to which it is connected, passes under the Vesicula Fellis, which tinges it with a yellow Colour at that place, and continues its Course before the first Incurvation of the Duodenum, to which it adheres, and partly hides it. In this part of its Course, therefore, there is a remarkable Connexion between the Colon, Duodenum, right Kidney, and Vesicula Fellis.

155. FROM thence the Arch of the Colon runs before the great Convexity of the Stomach, and sometimes a little lower, then turns backward under the Spleen, in the left Hypochondrium, runs down on the foreside of the left Kidney to which it is connected; below this Kidney turns toward the Vertebra, and terminates there by a double Incurvation, or by two opposite Convolutions, which represent in some measure an inverted Roman S.

156. THESE last Convolutions of the Colon are sometimes multiplied, and even advance to the right side of the Pelvis; and along the great Arch, and the two last Incurvations, there are a kind of Fringes, called Appendices Coli Adiposæ, which I shall afterwards explain, as also the Connexion of the Colon with the Mesocolon and Omentum.

*Valvula Coli.* 157. AT the Place where the Cæcum joins the Colon, one Portion of the Circumference of both is depressed, and forms a large Fold on the inside, which advances into the Cavity of the Intestine. It is a little open in the middle, and its Extremities are very thick, by reason of the mutual Duplication of the Coats of the Cæcum and Colon.

158. THE Extremity of the Ileum is at it were grafted in the Opening of this Fold, and strongly united to its Sides by the adhesion of its transverse Fibres, to the transverse Fibres of the Cæcum and Colon.

159. THIS Union forms a pretty thick Ring, which likewise advances into the common Cavity of the Cæcum and Colon, where it is wrinkled or form'd into gathers, almost like the lower Extremity of the Œsophagus, the Pylorus or inside of the Anus. Its Circumference is more or less Oval, and by a kind of Continuity with the common Fold of the Cæcum and Colon, it forms two Productions, which *M. Morgagni* calls the *Fistula* of the *Valvula Coli*.

160. THE membranous Coat of the Extremity of the Ileum is continued on the Cæcum and Colon, without sinking into any Fold, at the place where the Ileum enters the Colon. The longitudinal Fibres of the muscular

cular Coat seem here to be confounded with the nearest circular Fibres of the Cæcum and Colon.

161. THE inner Portion of the muscular Coat of the Ileum, runs in between the circular Fibres of the Ileum and Colon, as into a common Field of these two Intestines, from all which a pretty thick short Portion of a fleshy Tube is formed, which is the circular rising already mentioned.

162. THE Tunica Nervosa and Villosa of the Extremity of the Ileum likewise enter the common Cavity of the Cæcum and Colon, and on the Edge of the circular Rising, join the like Coats of these two Intestines, so that the circular Rising or short muscular Tube is covered both on the outer and inner sides by a nervous and villous Coat; that on the inside being supplied by the Ileum, and the other by the two great Intestines.

163. THE best Method to demonstrate the Structure and Composition of this Valve, is in clear Water, and by a particular Section, while the Intestine is fresh, and has not been altered by any Disease, in the manner that I demonstrated publicly in the Physick-Schools in 1726. In another Work, I shall explain particularly, the way of managing this and other such Dissections; the greatest part of which Method, I have already communicated, both in my publick and private Courses.

164. THE Situation of this Extremity of the Ileum is most commonly transverse, and is inserted almost in the same Direction in the common Cavity of the two Intestines, already mentioned, but it is often a little more inclined toward the Cæcum, than to the Colon; and whereas in all other places, the Ileum is wide and easily dilatable, it is very narrow at its Insertion, and its sides more solid, and firm.

165. It is chiefly in this Structure that the Mechanism of the Insertion of the Ileum, in the Cæcum and Colon consists; about which Insertion or Opening, Authors are very much divided, some reckoning it a Valve, others, only a Sphincter.

166. It is very evident from what I have said, that it is a double Machine contrived to hinder the return of the Excrements into the Ileum, because it can produce this Effect partly as a Valve, and partly as a kind of Sphincter. The dried Preparations of this Part give a very false Idea of its Structure and Conformation; and the same thing is to be said of the opening of the Appendicula Vermiformis into the Cæcum.

167. THE capacious Arch of the Colon is connected by both Extremities to the Regio Lumbaris, near the Kidneys, by two particular Ligaments, one on the right side, the other on the left, which are only small Duplicatures of the Peritoneum, more or less transverse.

168. THE remaining Portion, which forms the two Convolutions in form of the Roman S, contracts below the left Kidney, being narrower there, than lower down. The Coats of this Portion become gradually thicker and stronger, and likewise the ligamentary Bands, which approach each other by degrees, and seem to increase in breadth.

169. THE Vessels, Nerves, &c. will be found in the Description of the Mesentery.



*Situation,  
Figure, and  
Size of the  
Rectum.*

The last of all the Intestines, is named Rectum, or the straight Gut, from its Situation; for when view'd directly forward, it appears to run down in a straight Course from the last Vertebra of the Loins, on the fore-side of the Os Sacrum, all the way to the Os Coccygis, where it ends in what is called the Anus.

This Intestine, properly speaking, is a true Continuation of the last Convolution of the Colon; and it is the Repository, Sink, and Common Sewer of the whole intestinal Canal. It has likewise a special Relation to the Bladder, and to the Parts of Generation in both Sexes.

The Rectum having pass'd below the last Vertebra of the Loins, to the inside of the Os Sacrum, is bent backward on that concave side, to which it is connected, in the manner that shall be afterwards explained; and having reached the Os Coccygis, it runs likewise in the Direction of that Bone, and bends a little forward, terminating beyond the Extremity of the Coccyx.

173. THE Figure of this Intestine varies according as it is full or empty. When empty, it is irregularly cylindrical, and sinks in by a kind of transverse Folds, and in that State, it is about three fingers breadth in Diameter, more or less. When full, it is wider in proportion to the quantity of Feces, Wind, or whatever else is contain'd in it; and it may be extended to the Size of a large Bladder, so as to represent a kind of Stomach.

*Structure of  
the Rectum.*

174. The membranous Coat often contains a great quantity of Fat, spread between it and the muscular Coat, and forming round the Intestine numerous Eminences, in the room of the Appendices Adiposæ of the Colon, which shall be explained in the History of the Omentum.

175. The muscular or fleshy Coat is very thick: the longitudinal Fibres, which in the other Intestines are very thin, are in this stronger than the circular Fibres of the rest. The ligamentary Bands continue to increase in breadth, and to approach each other, as has been said, and it is to the fleshy Fibres of these Bands, that the Thickness of the longitudinal Fibres seems to be owing.

176. The nervous or filamentous and internal Coats, are larger here, than in the other Intestines; and when the Rectum is empty, they form a great number of waving Rugæ in its Cavity, which disappear, in proportion as that Cavity is filled.

177. The innermost Coat is very improperly termed Villosa, and scarce deserves the name of Papillaris, because of the Smallness of the little Corpuscles spread on its Surface. It contains a great number of single or solitary Glands; and it is always moisten'd by a Mucus of different Consistences, discharged by these Glands or Folliculi, and perhaps by the Corpuscles also.

178. NEAR the Extremity of this Intestine, the Rugæ or Folds become in a manner longitudinal, and at last, towards the Circumference of the inner Margin of the Anus, they form little Bags or Semilunar Lacunæ, the Openings of

of which are turned upward, toward the Cavity of the Intestine. These Lacunæ are something like those at the lower Extremity of the Oesophagus, or upper Orifice of the Stomach.

179. At length the Extremity of the Rectum contracts and terminates by a narrow Orifice called the Anus; the sides of which are disposed in close Folds or Gathers. This Extremity of the Intestine has several Muscles belonging to it, some of which surround it like Sphincters; the rest are broad fleshy Planes inserted in it, and which being likewise fixed to other Parts, sustain it in its natural Situation, and restore it to that Situation, when disturbed by the Force necessary for the Exclusion of the Fæces. These latter Muscles are termed Levatores Ani, the first go by the general Name of Sphincters.

180. THESE Sphincters are three in number, one intestinal or orbicular, and two cutaneous or oval; whereof one is large, superiour, and internal; the other small, inferiour and external.

181. THE intestinal or orbicular Sphincter of the Anus consists interly in an Augmentation of the inferior Portion of the fleshy Fibres of the Extremity of the Rectum.

182. In the Description of the fresh Bones, I omitted two Ligaments, one call'd Ligamentum Cutaneum Ossis Coccygis, the other Ligamentum Pubis Interosseum. This last I demonstrated in my publick Dissections in the Year 1726, and the other about four Years before. These two Ligaments must be here described, before I proceed to the Cutaneous Sphincters.

183. THE Cutaneous Ligament goes out anteriorly, from the Extremity of the Os Coccygis. It is very slender, and divides into two Portions at the Orifice of the Anus, which run into the Membrana Adiposa, and are inserted in the Skin on each side of the Anus, by a kind of Expansion, and continuing to divaricate, they are lost on the two sides of the Perinæum.

184. THE interosseous Ligament of the Ossa Pubis is a very strong triangular Membrane, fixed by two of its Edges in the inferior Rami of these Bones, all the way up to their common Symphysis. The third Edge, which is the lowest, is loose; and this whole Membrane, the middle of which is perforated by a particular Hole, is stretched very tight between the two Bones, and under their cartilaginous Arch, to which it adheres very closely.

185. AT the lower part of this interosseous Ligament, along its whole lower or loose Edge, lies a Digastric Muscle, fixed by its two Extremities in the Rami of the Ossa Pubis, its middle Tendon lying on the middle of the Edge of the Ligament. The Description of that Muscle does not belong to this place; and I mention it here, only because of the Relation it bears to the Cutaneous Sphincters of the Anus. It is called by some, Musculus transversalis Urethrae; by others, Musculus Triangularis.

186. THE Cutaneous Sphincters have each an anterior and posterior Insertion, ending both ways in a kind of Point, and comprehending the Orifice of the Anus, between their middle Portions.

187. THEY are distinguished from each other by their Situation, by their Size, and by a kind of white cellular Line. The greatest of the two appears



to be double, and the smallest lies nearest the Skin, and adheres most closely to it.

188. THEY are inserted backward, partly in the Apex of the Os Coccygis; and partly in the contiguous Portion of the Cutaneous Ligament of that Bone. Forward their chief Insertion is in the middle Tendon of the Transversalis Urethrae; and they have likewise some Connexions to other Muscles of the Urethra, of which hereafter.

189. THE Levatores Ani are broad, thin, muscular Portions, fixed by one Extremity of their fleshy Fibres round the concave side of the inferior Portion of the Pelvis, from the Symphysis of the Os Pubis, beyond the Spine of the Ischium. The other Extremity of these Fibres runs down on each side behind, and under the Curvature of the end of the Rectum, where they meet together, and unite from the Basis of the Os Coccygis all the way to the Margin of the Anus.

190. By their superiour Insertions, these Portions are on each side of the Pelvis divided into three Classes, an anterior, middle and posterior Class. The two anterior Classes reach from about the middle of the Symphysis of the Os Pubis, to the upper Border of the Foramina Ovalia of the Pelvis. The middle Classes continue the same Course immediately above the Insertion of the Obturator internus, on the Os Ischium, and a little on the Os Ilium. The posterior Classes are spread on the inner sides of the Os Ischium to the spinal Apophyses of these Bones, and even a little beyond these, on the Ligamenta Sacro-Sciatica.

191. THE anterior Portions are in their passage connected to the prostatic Glands, to the Neck of the Bladder, to the Bulb of the Urethra, as shall be shown in the Description of these Parts; and they sometimes send Fibres to the Musculus transversalis Urethrae above mentioned.

192. THE Fibres of all these Portions having by their superiour Insertions formed this large and ample Circumference, run down obliquely from before backward, contracting in breadth, and approaching each other in the manner of truncated Radii; and behind, and under the Extremity of the Rectum, they form a Digastlic Muscle, something like the Mylo-Hyoideus; which terminates the bony Pelvis below; and forms the Bottom of the Cavity of the Abdomen, as the Diaphragm forms the upper Part.

193. IT is here necessary to observe, that the Muscles of the Os Coccygis, described §. 3. may be look'd upon as Assistants to the Levatores.

194. WE ought likewise to remark, that the Margin or Edge of the Anus is form'd by the Union of the Skin and Epidermis, with the internal Coat of the Rectum; so that the most superficial Portion of that Coat seems to be a Continuation of the Epidermis.

195. I refer the Arteries, Veins, Nerves, Connexions, Uses, &c. to the place already mention'd in the Description of the other Intestines.

§. 9. *Mesenterium & Mesocolon.*

196. THIS great Bundle of Intestines is not left to move at random in the Cavity of the Abdomen; but artfully bound down, by a membranous Web, which prevents the intestinal Convulsions from being intangled in each other, and from being twisted or compressed in all their different ways of meeting; and yet allows them a gentle floating, but limited Motion.

*Division of the Mesentery, &c.*

197. THIS Web goes still by the ancient *Greek* Name of Mesentery, as being in some measure in the middle of the Intestines. It is distinguished into two Portions, one of which being very broad and very much plaited, connects the small Intestines; the other, which is long and incurvated, does the same Office to the great Intestines.

198. THESE two Portions are in reality only one and the same Continuation of the membranous Lamina of the Peritonæum doubled back upon it self, and they are distinguished only by their breadth. Taken both together, they form a kind of spiral Roll, more or less plaited in its Circumference. The first Portion has retained the name of Mesentery, the other is termed Mesocolon.

199. THE Mesentery begins at the last Incurvation of the Duodenum, and runs obliquely from left to right, along the Vertebrae of the Loins. In this space, the membranous Portion of the Peritonæum is detached on both hands, produces a Duplication by two Elongations or particular Laminae applied to each other, and thus forms the Mesentery.

*Structure of the Mesentery, &c.*

200. It is narrow at its upper and lower Parts, but chiefly at the upper. The middle Portion is very broad, and the Edge of it next the Intestines is every where very much plaited. These Plaits or Folds are only waving Inflexions, such as may be observed in the Edge of a Piece of Shamoy, which has been often drawn through the Fingers. They make this Edge of the Mesentery very long, and they run through about one third of its Breadth.

201. THE two Laminae are joined together by a cellular Substance, which contains Glands, Vessels and Nerves, that shall be described hereafter; and in some Subjects it has a great quantity of Fat, which keeps the two Laminae at a good distance from each other.

202. ALONG the whole Circumference of the Mesentery, the two Laminae are naturally separated, and applied to the two sides of the small Intestines which they invest by their Union or rather reciprocal Continuation on the great Curvature of that Canal, and carry it as in a Scarf or Sling. This is what forms the external or membranous Coat of the Intestines.

203. THE Mesocolon is the Continuation of the Mesentery, which having reached the Extremity of the Ileum, contracts and changes its name. At this place the particular Lamina which is turned to the right side, forms a small transverse Fold, called Ligamentum Coli Dextrum.

204. AFTERWARDS the Mesocolon ascends toward the right Kidney, where it seems to be lost by the immediate Adhesion of the Colon to that Kidney, and to the first Incurvation of the Duodenum. Then it appears again,



again, and increasing in breadth, it continues its Course almost transversely under the Liver, Stomach and Spleen, where it begins to turn downward under the left Hypochondrium toward the Kidney on the same side.

205. TAKING this whole Course, the Mesocolon extends in breadth, and forms nearly a transverse semicircular Plane, very little flattened at its great Circumference. By this Circumference or Edge, it is connected to the Colon; and hides that ligamentary Band of this Intestine, which runs along its small Curvature. By its short or small Edge, it forms the triangular Case of the Duodenum, and by its great Edge, the external Coat of the Colon, in the same manner as the Mesentery does that of the small Intestine. As it passes under the large Extremity of the Stomach, it adheres a little to the lower Portion of that Extremity, as the Diaphragm does to the upper.

206. HAVING got below the left Kidney, it contracts and forms another transverse Fold, called Ligamentum Coli Sinistrum. Afterwards it expands again, but not so much as in the upper Part, and runs down on the left Psoas Muscle, toward the last Vertebrae of the Loins. This descending Portion is fixed to the Convolutions of the Colon in the same manner as the superior Portion is to the Arch of that Intestine.

207. THE Intestinum Rectum is likewise invested by a particular Production of the Peritonæum, called commonly by the barbarous Name of Mesorectum. This Production is very narrow, and about the middle of the fore-side of the Rectum, it forms a transverse semicircular Fold, which appears when the Intestine is empty; but is lost, when it is filled.

#### §. 10. *Glandula Mesenterica, Vasa Lymphatica & Lactea.*

*Glands of  
the Mesen-  
tery.*

208. BETWEEN the Laminae of the Mesentery, a great number of Glands lies scattered through the cellular Substance. In the natural State, these Glands are something of the figure of Lentils or little round Beans; some of them being orbicular, others oval, but all of them a little flattened, and in corpulent Subjects we find them surrounded with Fat.

209. THESE Glands are of the number of those that Anatomists call *Glandulae Conglobatae*, the Structure of which is not as yet sufficiently known. They seem to be of a cellular Substance, surrounded by a very fine Membrane or Coat, on which by the help of Microscopes, we discover an Intertexture of particular Filaments, which *Malpighi* believed to be fleshy Fibres.

210. THE nicest anatomical Injections have not hitherto given us any Satisfaction about these Particulars; for tho' they be made with all possible Care, they always fill the folliculous Texture of these Glands. And tho' by means of these Injections, we may discover a great many Vessels, which were before invisible, we are not a whit the nearer our Purpose, because we cannot by this Method distinguish the Secretory, Excretory, and Blood-Vessels from each other.

*Lymphatic  
Vessels.*

211. BESIDES the Blood-Vessels, which are distributed in a reticular manner in the Mesenteric Glands, and besides many nervous Filaments spread through

through them, we discover an infinite number of small Vessels of another kind, running from Gland to Gland.

212. THESE Vessels are extremely thin and transparent, and differ from the inside with numerous Valves, which appear on the outside like little small Knots very near each other. They go out from each Gland by Ramifications, as by so many Roots, and having formed a small Trunk, they are again divided, and enter some neighbouring Gland by the same kind of Ramifications by which they went out from the former.

213. THEY are termed Lymphatic Vessels, because for the most part, they contain a very clear, limpid, tho' milky Serum, call'd Lymph, by Anatomists. But as they have likewise been observed to be filled with a white milky Fluid, called Chyle, they have been called Vasa Chylifera, or Venæ Lactææ. They have the name of Veins, because their Valves are disposed as those of the ordinary Blood-Veins, and because the Fluid which they contain, runs from smaller into larger Tubes.

214. I have always divided the lacteal Vessels into three Classes in the Human Body, and sometimes into four.

215. THEY derive their first Origin from the Tunica Villosa of the Intestines, and chiefly from that of the small Intestines, by a great number of small capillary Roots, as has been already said. From these Roots there arises between the Coats of the Intestines, a kind of Rete Mirabile, which surrounds almost the whole Circumference of the intestinal Canal, between the muscular and external Coat.

216. THIS reticular Texture of lacteal Vessels keeps close to the external Coat, and leaves the Canal along with it, on the side of the Mesentery, where it forms two Planes of Ramifications, plainly distinguished from each other by the cellular Substance, and adhering closely to the inside of the two Membranes of the Mesentery. In this separate State, they run on the Laminae of the Mesentery, as far as the first Mesenteric Glands, where they unite again into one Plane. All this I reckon the first Class of Lacteals.

217. AFTER this Union, the lacteal Vessels are distributed almost uniformly through the whole Extent of the Mesentery from its Circumference to its Origin or Adhesion to the Vertebrae of the Back, between the Mesenteric Glands, which they join in the manner already said, and form frequent Anastomoses or Communications. This is the second Class.

218. HAVING pass'd through the Mesentery in this manner, the Ramifications begin to unite as they approach the Spina Dorsi, and consequently their Number is lessened, and their Size increased, and having passed the last Mesenteric Glands, they terminate about the middle of the Adhesion of the Mesocolon in small common Trunks, which receive a great number of Lymphatic Vessels from the Glandulae Lumbares, and others below these. This is the third Class.

219. A fourth Class may be made of the lacteal Vessels of the great Intestines; of which I demonstrated several very full of Chyle, to the Royal Academy, in an Human Colon. The late M. Mery, a Member of the same Academy, who was not easily convinced of any thing, from Observations made



by others, having seen that with the end of my Finger, I could push the white Liquor uniformly into the Colon in several places, seem'd at first to be satisfied; but for his farther Conviction, he desired me to open one of these Vessels before him, with the Point of a Lancer, and to take out a Drop of the Liquor, which having laid upon the Nail of my Thumb, he was intirely convinced.

220. THE lacteal Vessels are not always apparent in Human Subjects. But we may see them in those who die either a violent or sudden Death, soon after a Meal; and they remain visible even in the Intestines, for a long time after Death, when a great number of the Mesenteric Glands have become Scirrhus, especially in Children.

221. IT is the common Custom to demonstrate the Lacteals in living Animals, opened about three Hours after a full Meal, especially of Milk. This is a very troublesome way, and very often hinders us from seeing a great part of this beautiful Phenomenon. It is much easier and better to kill the Animal about an Hour after it has filled its Belly, or sooner, if the Food be liquid; and this is the Method which I have always used with success, in my private Courses.

Receptacu-  
lum Chyli.

222. THE lacteal Vessels of the third Class, or those that lie between the Mesenteric Glands and middle Adhesion of the Mesocolon to the Spina Dorsi, run down on the Body of the inferiour Aorta, between the Extremities of the small Muscle of the Diaphragm, and terminate in a kind of Cistern, call'd by some Receptaculum Chyli, by others Receptaculum Pecqueti, from M. Pecquet a Physician at Dieppe in Normandy, who first demonstrated, by incontestable Experiments, this Receptacle, which had been long before discovered by Eustachius.

223. THE greatest part of the Receptaculum Chyli lies behind the right Portion of the inferiour Muscle of the Diaphragm, on the right side of the Aorta, at the Union of the last Vertebra of the Back with the first of the Loins. It is a kind of membranous Vesicle, the Conformation of which is various in Human Subjects. Sometimes it is of an uniform long oval figure, like the Vesicula Fellea; sometimes it is divided by Strictures, into several small roundish Bags more or less flatted, and sometimes it surrounds the Trunk of the Aorta like a Collar.

224. IT is composed of very thin Coats, and its Cavity is divided by small Pelliculae or membranous Septa, the Disposition of which is irregular. It is chiefly round the lower part of this Receptacle, that the last Lacteal Vessels are inserted, some on the sides, and some behind the Aorta; and they are accompanied by numerous lymphatic Vessels, of which in another place. The upper Portion is contracted between the Aorta and Vena Azygos, and forms a particular Canal, which runs up through the Thorax, by the name of Ductus Thoracicus, which shall be described in the next Section.

225. THE straight Portion of the Arch of the Colon, or that which is an immediate Continuation of the Cecum, is supplied with Arteries by the second Branch.

by others, having seen that with the end of my Finger, I could push the white Lipid uniformly into the Colon in every part, but first to be satisfied; but for his farther Conviction, he desired me to open one of these Vessels before him, which he did, and I saw the Blood in it.

225. **THE Duodenum** has commonly a particular Artery called *Duodenalis* or *Intestinalis*, which comes indifferently from the *Stomachica Coronaria*, *Pylorica*, *Gastrica Major* or *Hepatica*. It has likewise several distinct Ramifications from these Trunks, and from the *Mesenterica Superior* and *Splenica*, which Ramifications communicate with each other.

Blood-Vessels  
of the In-  
testines.

226. **THE Arteria Duodenalis**, and the other additional small Arteries, form a vascular Network round the muscular Coat of the Intestine, which sends out a great number of Capillaries towards both the outer and inner sides, that make the whole Intestine look of a red Colour.

227. **THE Veins of the Duodenum** are Rami of the *Vena Portæ*, and the Distribution and Denomination thereof, is pretty much the same with that of the Arteries; only they communicate more with each other, than the Arteries, and also with the great *Hæmorrhoidal Vem*.

228. **THE venal Ramifications** form round the Duodenum, a Network like that of the Arteries; and the same kind of vascular Texture is more or less to be found on all the other Intestines.

229. **THE Arteries of the Jejunum** come chiefly from the *Mesenterica superior*; and some, from the ascending Branch of the *Mesenterica inferior*. The Veins are for the most part Branches of the great *Mesaraica*; and the rest come from the *Splenica* and small *Mesaraica* or *Hæmorrhoidalis Interna*.

230. **THE principal subaltern Trunks of these Arteries and Veins** accompany each other through the cellular Substance, between the Laminæ of the Mesentery, are distributed by Branches and Rami, and form the *Mæstices*, *Lozenges* and *Arches* mentioned in the Description of the Arteries and Veins. The last of these Arches and Lozenges, or those next to the Intestine, produce two small vascular Planes, which separate from each other very distinctly, and surround the intestinal Canal in a reticular manner.

231. **THE Blood-Vessels of the Ileum** come from the same Sources with those of the Jejunum, as has been said in the History of the Arteries and Veins; and it ought to be observed concerning both these Vessels, and those of the Jejunum, that in their whole Course through the Mesentery, they give Ramifications to the Glands, Laminæ and cellular Substance of the Mesentery; and also that there is a kind of Communication between several small *Mesaraic Veins*, and the capillary Rami of the *Venæ Lumbares* and *Spermaticeæ*.

232. **THE Arteries of the Cæcum and Appendicula Vermiformis**, are Ramifications of the last Branch from the convex side of the *Mesenterica superior*; and they have likewise some small ones from the second and third Branches, when both are found. The Veins of these two Parts are Ramifications of the great *Mesaraica*, and one of these Rami is by *Riolan* termed *Vena Cæcalis*.

233. **THE streight Portion of the Arch of the Colon**, or that which is an immediate Continuation of the Cæcum, is supplied with Arteries by the second



Branch that comes from the concave side of the Mesenterica superior, and likewise a little by the third, when there is a third.

234. THE superiour or middle Portion of the Arch of the Colon, is furnished by the first Branch from the same side of the Mesenterica superior, which by a Bifurcation communicates on both hands, with the other Portions of the Arch of the Colon.

235. THE left Portion of this Arch derives its Arteries partly from the first Branch of the same Mesenterica, and partly from that of the Mesenterica inferior, which two Branches form the celebrated Communication or common Arch of the two Mesentericæ.

236. BY means of this Communication or Continuation, in case one Artery should be obstructed or compressed, the other would furnish Blood to all the Branches below the place of the Obstruction. The second Branch of the Mesenterica inferior gives likewise small Arteries to the left Extremity of the Colon.

237. THE descending Convolutions of the Colon, which represent a Roman S, are supplied by the other Branches of the Mesenterica inferior, the last of which forms the Hæmorrhoidalis interna.

238. THE Veins of all these Portions of the Colon, are Branches and Ramifications of the Vena Portæ Ventralis, and principally of the subaltern Trunks, the Mesaraica Major, and Mesaraica Minor or Hæmorrhoidalis Interna. The Distribution of these Branches and Ramifications, is in some measure the same with that of the Arteries, as may be seen in the Description of the Veins.

239. THE Arteries of the Rectum are furnished by the Hæmorrhoidalis Interna, the last Branch of the Mesenterica inferior, which communicates with the Hypogastrica, and particularly with the Hæmorrhoidalis externa, a Production of one of these Arteries.

240. THE Veins of the Rectum are Ramifications of the last Branches of the Mesaraica Minor or Hæmorrhoidalis Interna, and they communicate with the Hæmorrhoidales Externæ, which are Rami of one of the Hypogastricæ. They communicate likewise with the capillary Ramifications of the other Hypogastric Veins, which go to the internal Parts of Generation of both Sexes.

241. It is here to be observed in general, that there is a successive Continuation more or less simple or multiplied, between all the Arteries of the intestinal Canal, and likewise between all the Veins; and also that the Veins are here thinner and more capacious than the Arteries in a greater proportion than in the other Parts of the Body.

242. THE Nerves of the Duodenum are the middle Plexus of the semilunar Ganglion, and some Filaments of the Plexus Stomachicus and Hepaticus.

243. THE Nerves of the Jejunum, Ileum, and Mesenteric Glands, are the Plexus Mesentericus superior, the posterior Mesenteric Fasciculi, and the Plexus Mesentericus inferior.

244. THE Nerves of the Cæcum are the posterior Mesenteric Fasciculi or Plexus, and the Plexus Mesentericus inferior.

245.

Nerves of  
the In-  
testines.

245. THE Nerves of the Arch of the Colon, are the same Fasciculi, and the two Plexus Mesenterici.

246. THE Nerves of the last Convolutions of the Colon are the posterior Mesenteric Fasciculi, and the Plexus Mesentericus inferior, and Sub-Mesentericus.

247. THE Nerves of the Rectum are the Plexus Mesentericus inferior, Plexus Sub-Mesentericus or Hypogastricus, and the two Ganglions of that Plexus.

248. THE Nerves of the Anus, and of its Muscles, are the Ganglions of the Plexus Sub-Mesentericus, the inferior Rope of both Sympathetici Maximi, and the common Arch of the Extremities of both Ropes.

249. BEFORE I proceed to the Liver, it must be remarked that the Omentum and Appendices Adiposæ have so near a relation to the Liver and Spleen, that it is impossible to describe them without mentioning several Things belonging to these two Viscera; and therefore, I think it more proper to give the History of these, after that of the other two, and even of the Pancreas, than to begin the History of the Parts contained in the Cavity of the Abdomen by that of the Omentum, as is commonly done.

250. FOR the same reason, I shall not give the Uses of these Parts, till after they have been all explained; and together with these Uses, I shall speak to those of the intestinal Canal, Mesentery, Vasa Lactea, Mesenteric Glands, Muscles of the Anus, &c.

§. 12. *Hepar & Vesicula Fellea.*

251. THE Liver is a large and pretty solid Mass, of a dark red Colour, a little inclined to yellow, situated immediately under the Arch of the Diaphragm, partly in the right Hypochondrium, which it fills almost intirely, and partly in the Epigastrium, between the Appendix Eniformis and Spina Dorsi, and terminating commonly in the left Hypochondrium, into which it sometimes runs a considerable way.

*Situation,  
Figure and  
Division of  
the Liver.*

252. THE Figure of the Liver is irregular, it being arched or convex on the upper part, unequally concave on the lower, and very thick on the right and backsides. Towards the left and antierour sides its Thickness decreases very much, and terminates there by a kind of Edge; and it is broader from right to left, than from before backwards.

253. THE Liver may be divided into two Extremities, one great, the other small; two Edges, one antierour, and one posterour; two Sides, one superiour and convex, which is smooth, polished and proportioned to the Arch of the Diaphragm, and one inferiour, concave and uneven, with several Eminences and Depressions, of which hereafter.

254. It may likewise be divided into two lateral Parts called Lobes; one of which is termed the great or right Lobe, the other, the small or left Lobe. These two Lobes are distinguished above, by a membranous Ligament; and below very plainly, by a considerable Scissure lying in the same Direction with the superiour Ligament.



255. The Eminences on the concave side of the Liver belong to the great Lobe. The principal Eminence is a sort of triangular or pyramidal Apophysis situated backward near the great Scissure which divides the two Lobes.

256. This triangular Eminence is termed Lobulus Spigelii, or simply the small Lobe of the Liver. One of its Angles advances a considerable way toward the middle of the lower side of the great Lobe, and is lost there. The Angell call the Root of the Lobulus. Toward the fore-side, there is another Eminence less prominent but broader, and to this Eminence and the former, the Ancients gave the general Name of Porta.

257. The Depressions on the concave or lower side of the Liver, which deserve our Attention, are four in number. The first is the Scissure that separates the two Lobes, which runs a-cross the concave side, from the Eminences already mentioned to the anterior Edge, where it terminates by a Notch of different Depths in different Subjects. This is termed the great Scissure of the Liver and in some Subjects, part of it is an intire Tube.

258. The second Depression is situated transversely between the two Eminences of the great Lobe, and filled by the Sinus of the Vena Porta, so called by the Ancients, because it lies between the Eminences of the same Name. The third Depression is backward, between the great Lobe and Lobulus Spigelii, and the Vena Cava passes through it. The fourth is a kind of Sulcus between the Lobulus and small Lobe of the Liver, which in the Fetus served to receive a venal Canal lost in Adults, in whom it appears only as a kind of Ligament. This Sulcus is in some measure a Continuation of the great Scissure, and joins the Vena Cava by an acute Angle.

259. BESIDES these four Depressions, there is one on the Fore-part of the great Lobe, in which the Vesicula Fellis is lodged, and it sometimes runs as far as the Edge, where it forms a small Notch. We may likewise reckon among these Depressions, a small superficial Cavity in the posterior and lateral Part of the lower side of the great Lobe, by which it rests on the right Kidney; and likewise a superficial Cavity in the left Lobe, where it runs over the Stomach.

260. LASTLY, on the posterior Edge of the Liver, there is a great Sinus common to both Lobes, which gives passage to the Spina Dorsi and Oesophagus, near the place where the Vena Cava descends; and we sometimes meet with Scissures on both sides of the Liver, which are not ordinary.

261. THE convex side of the Liver, is commonly connected to the Diaphragm by three Ligaments, which are only Continuations of the membranous Lamina of the Peritonæum. One lies near the Edge of the Extremity of each Lobe, and one in the middle, and they are accordingly termed the right, middle and left Ligaments. There is a cellular Substance in the Duplication of each, in which the Blood-Vessels and Lymphatics run, and which sends off a kind of Lamina into the Substance of the Liver.

262. THE right Ligament sometimes connects the great Lobe to the Cartilages of the false Ribs, and the left Ligament, or that of the small Lobe is often double, and advances toward the middle Ligament. This middle

Ligaments  
of the  
Liver.

middle Ligament begins below in the great Scissure of the Liver, near the Eminences called Portæ, and from thence passes through the Anterior Notch and over the convex side of the Liver at the Union of the two Lobes, and is fixed obliquely in the Diaphragm.

263. It is likewise fixed along the upper and inner Part of the Vagina of the right Musculus Rectus of the Abdomen, in such an oblique manner as to be nearer the Linea Alba below than above.

264. Besides these Ligaments the great Lobe of the Liver is likewise connected to the right Ala of the tendinous Portion of the Diaphragm, not by a Ligament, but by a broad and immediate Adhesion, without the intervention of the Membrane of the Peritonæum, which is only folded quite round this Adhesion, to form the external Membrane of all the rest of the Body of the Liver.

265. This broad Adhesion is commonly tho' improperly called Ligamentum Coronarium; but in the first place it is not a Ligament, as has been already observed, and secondly it is not circular, but Oval and very Oblong.

266. It is not on the upper part of the convex side of the Liver, but along the posterior part of the great Lobe, the broad Extremity of the Adhesion lying nearer the Notch, and the pointed Extremity towards the right Hypochondrium.

267. The middle Ligament called improperly Ligamentum Hepatis Suspensorium, contains in its Duplicature a thick white Rope, like a round Ligament, which was the Umbilical Vein in the Fœtus. Thus the lower part represents a Falx, the convex Edge of which is sharp, and the other rounded.

268. ALL these Ligaments serve to keep the Liver in its proper Situation and to hinder it from inclining too much towards either side; but we must not imagine that any of them serve to suspend it; because it is sufficiently supported by the Stomach and Intestines, especially when they are filled.

269. WHEN the Stomach is empty, or when we fast longer than ordinary, it is a common Expression to say the Stomach pinches us. As the Liver is not then sustained by the Stomach and Intestines, it descends by its own weight, and chiefly by means of the middle Ligament pulls the Diaphragm along with it. It is in that place therefore that we have this uneasy Sensation, and not at the superiour Orifice of the Stomach, as is commonly believed.

270. THE right or great Lobe of the Liver which lies in the right Hypochondrium, rests on the right Kidney, by a small superficial Depression above-mentioned; and it likewise covers a Portion of the Arch of the Colon and the Pylorus. About two third Parts of the small or left Lobe, lie in the Middle of the Epigastrium, and the remaining third Part advances over the Stomach, towards the left Hypochondrium.

271. THIS small Lobe is situated almost Horizontally; the great Lobe is very much inclined, and its thick Extremity runs down almost in a perpendicular Direction to the right Kidney, on which it lies, in the manner al-

ready



ready said. This Observation is of use to distinguish the different Parts of the Liver in Wounds and Chirurgical Operations.

272. It may likewise serve to direct us in examining a Liver taken out of the Body, the Situation of which may be otherwise very easily mistaken, especially that of the Parts of the concave side. The Passage of the Vena Cava, between the Body of the great Lobe and the Lobulus Spigelii, may likewise serve for a Rule in placing a detached Liver in its true Situation.

Structure of  
the Liver.

273. THE Liver is composed of several kinds of Vessels, the Ramifications of which are multiplied in an astonishing manner, and form by the Intertexture of their Capillary Extremities, an innumerable Collection of small pulpy, friable Corpuscles, which are look'd upon to be so many Organs design'd to separate from the Mass of Blood, a particular Fluid termed the Bile.

274. THE greatest part of these Vessels from one end to the other is included in a Membranous Vagina call'd Capsula Venæ Portæ, or Capsula Glissoni, from an *English* Author who first described it particularly.

275. THE Vessel which carries the Blood to the Liver is called Vena Portæ for the reason already given. In the Description of the Veins, I observed that the Vena Portæ might be considered as two large Veins, the Trunks of which are join'd endwise, and send out Branches and Ramifications in opposite Directions to each other; that one of these Veins is ramified in the Liver, the other lying without the Liver and sending its Branches and Ramifications to the Viscera of the Abdomen; and lastly, that the first of these large Veins may be termed Vena Portæ Hepatica, the other Vena Portæ Ventralis.

Vena Portæ  
Hepatica.

276. THE particular Trunk of the Vena Portæ Hepatica is situated transversely between the broad Anterior Eminence of the great Lobe of the Liver, and the Root of the Lobulus, in a particular Scissure, and forms what is called the Sinus of the Vena Portæ. From this Sinus five principal Branches go out, which are afterwards divided into Millions of Ramifications through the whole Substance of the Liver.

277. At this place, the Vena Portæ lays down the common Office of a Vein, and becomes a kind of Artery as it enters and is again ramified in the Liver. The Extremities of all these Ramifications of the Trunk of the Vena Portæ Hepatica, end in the pulpy friable Corpuscles which seem to be thick Villous Folliculi, when examined through a Microscope in clear Water.

Pori Bilarii  
& Ductus  
Hepaticus.

278. IT is in these Folliculi that the Bile is secreted, and it is immediately collected in the same number of Extremities of another kind of Vessels, which unite by numerous Ramifications into one common Trunk. These Ramifications are termed Pori Bilarii, and the Trunk, Ductus Hepaticus; and the Ramifications of these two kinds of Vessels are invested together by the Capsula of the Vena Portæ.

Hepatic  
Veins.

279. THE Blood deprived of this Bilious Fluid is reconveyed to the Heart, by a great number of venal Ramifications, which afterwards unite into three principal Branches, besides others that are less considerable, that terminate

terminate in the Vena Cava, and are all called by the Name of Vena Hepatica. The two principal Branches of the Ramifications of the Vena Cava, join those of the Vena Portæ, and accompany them through the Liver, and yet the great Branches of both Veins intersect each other in several places. 281. When we cut the Liver in Slices, it is easy to distinguish in each Slice, the Ramifications of the Vena Cava from those of the Vena Portæ, the first being thinnest and largest, and adhering closest to the Substance of the Liver: whereas those of the Vena Portæ which are invested by the cellular Capsula, appear to be a little ruffled when empty, because the cellular Capsula subsides, when it is cut, but the other Veins remain uniformly open, their Sides adhering to the Substance of the Liver.

282. THE Liver receives from the Arteria Cælica a particular Branch termed Arteria Hepatica, which being very small, when compar'd with the Bulk of that Viscus, seems designed only for the Nourishment thereof, and not for the Secretion of the Bile. The Plexus Hepaticus formed by the Nervi Sympathetici Maximi & Medii, furnishes a great number of Nerves to the Substance of the Liver. The Ramifications of the Artery and Nervous Plexus are included in the cellular Capsula together with those of the Vena Portæ and Pori Biliarii.

Hepatic Artery and Nerves.

283. THE Pulsation of this Artery has been by some Anatomists taken for that of the Capsula, and by this they have endeavoured to explain the arterial Function of the Vena Portæ: but they have not considered that the Blood in this Vein does not require to be pumped forward, because so swift a Motion would have been prejudicial to the Secretion of the fine Oil of the Bile, for which a slow and almost insensible Motion is necessary.

284. THE Liver is covered exteriorly by a particular Membrane or Coat, which is a Continuation of the Peritonæum. There is likewise a membranous or filamentary Substance that runs thro' this whole Viscus, and connects the Ramifications and Extremities of all its Vessels to each other. This Substance seems to be a complicated Production of the Capsula of the Vena Portæ and of the external Membrane of the Liver.

285. THE outer Surface of this Coat is very smooth, but its inner Surface is uneven, being made up of a great number of thin membranous Laminæ, between which we observe very distinctly, numerous lymphatic Vessels, on both the convex and concave Sides of the Liver; but it is more difficult to trace those which accompany the filamentary Substance through that Viscus.

286. I have already observed that the Substance of the Liver is chiefly made up of an infinite number of pulpy friable Corpuscles, each of which is bounded and in a manner surrounded by a particular Expansion of the Capsula Glissoni, and all these Expansions are connected by common Septa, in some measure resembling a Bee-hive.

287. THESE Corpuscles have several Angles especially in the inner Surface of the Liver; but near the Surface they are raised in the form of small Tubercles. Their pulpy Texture appears like radiated Villi, a small void space being left in the middle of each.



288. If we blow through a Pipe into the Vena Porta, Vena Cava, Arteria Hepatica, or Trunk of the Pori Biliarii but especially through the Veins, we observe the Liver to swell, and the Corpuscles near the Surface are raised, and become more sensible. If we blow with much force, we burst these Corpuscles, and the Air getting between them, and the external Membrane, raises it from the Substance of the Liver in Blisters.

*Ductus Cholidochus.*

289. THE Ductus Hepaticus, or Trunk of the Pori Biliarii, having run a little way, joins another Canal called Ductus Cysticus, or Vesicularis, because it comes from the Vesicula Fellis, as we shall see in the Description of that Organ. These two united Ducts form a common Trunk named Ductus Cholidochus, because it conveys the Bile. This Duct having reached the Incurvation of the Duodenum, insinuates itself through the Coats of that Intestine, and opens into the Cavity thereof, not by a round Papilla, but by an oblong Orifice rounded at the upper part and contracted at the lower, like the Spout of an Ewer, or like a common Tooth-picker.

290. THE Edges of this Orifice are raised, broad and plaited, as we may see by making this Portion of the Duodenum swim in clear Water. At the Entry of this Orifice we see another smaller opening distinct from it, which is the Orifice of the Ductus Pancreaticus, of which hereafter.

*Vesicula Fellis.*

291. THE Gall-Bladder is a kind of small Bag, shaped like a Pear, that is narrow at one end and wide at the other. The wide Extremity is termed the Fundus or Bottom, the narrow Extremity the Neck, and the middle Portion, the Body. About one third of the Body of the Vesicula lies in a Depression on the concave side of the Liver, from the Trunk or Sinus of the Vena Porta, where the Neck is situated, to the anterior Edge of the great Lobe, a little toward the right side, where the Bottom is placed, and in some Subjects it advances beyond the Edge.

292. THEREFORE when we stand, the Vesicula Fellis lies in a Plane inclined a little from behind forward. When we lie upon the Back, it is almost inverted. When we lie on the right Side, the Bottom is turned downward; and it is turned upward when we lie on the left Side; and these Situations vary according to the different Degrees of each Posture.

293. THE Gall-Bladder is composed of several Coats; the outermost of which is a Continuation of that which invests the Liver, and consequently of the Peritonæum.

294. THE second Coat is fleshy and made up of two Strata, one longitudinal, the other transverse, the Fibres of which have nearly the same irregular Direction with those of the Stomach; and this Disposition of the Fibres in these Viscera is owing to the different Diameters in the several Portions of them, and to their Incurvation.

295. THESE two Coats are connected by a cellular Substance continued between the Body of the Vesicula and the Liver, all the way to a whitish Stratum, which is look'd upon as the third Coat of the Gall-Bladder answering to the Tunica Nervosa of the Intestines.

296. THE innermost or fourth Coat has on the inside a great number of reticular Folds, filled with small Lacunæ, like perforated Papillæ, especially

daily near the Neck of the Vesicula where these Folds are longitudinal, and afterwards form a kind of small Pylorus with Plains of the same nature with those in the greater one. These Lacunae are look'd upon to be Glands.  
297. THE Side of the Body of the Vesicula which lies next the Liver is connected to that Viscus by a vast number of Filaments, which run a great way into the Substance of the Liver; and among these Filaments there are some Ducts which form a Communication between the Pori Biliari and Vesicula. These Ducts have been observed in Brutes a long time ago, and they have been very lately discovered in Men likewise. They are most numerous near the Neck of the Vesicula, and they are named Ductus Cyst-Hepatici, or Hepatico-Cystici.

298. THE Neck of the Vesicula is formed by the Contraction of the small Extremity; and this Neck bending afterwards in a particular manner, produces a narrow Canal named Ductus Cysticus. This Incurvation represents in some measure the Head of a Bird, of which the Cystic Duct, by the gradual Diminution of its Diameter, expresses the Beak. This cannot be seen when the Liver is extra Situm; and even in Situ it is but very imperfectly seen, when in order to view the concave Side, the Liver is raised and thrust too much against the Diaphragm; for by thus inverting the Liver, the Curvature is disorder'd, and we see two in the place of one.

299. To see this Curvature in its true natural Situation, the Liver is to be raised but very little, and the Duodenum left untouched; then we must stoop and look under the Liver without disordering any thing. This Incurvation may be of use to hinder too precipitate a Discharge of the Bile contained in the Vesicula, which some Situations of the Body might occasion.

300. THE Neck of the Vesicula is nearly of the same Structure with the other Parts. It has on the inside several reticular Rugae and some Folds which appear like Fragments of Valvulae Conniventes, situated very near each other, from the Neck to the Contraction of the Cystic Duct. The first of these Folds is pretty broad and large, and almost circular; the next is more oblique and smaller in size, and the rest diminish in the same manner. Taken all together, they form a kind of spiral Flight, which may be seen through the Neck on the outside, where it sometimes appears like a Screw, especially when the Neck is filled with any Fluid. This Observation is owing to M. Heister.

301. By sitting the Neck and Duct we see all these Folds very distinctly, especially when we examine them in clear Water. When they are viewed in any other manner, they easily deceive us, being mistaken for true Valves because of their transverse Situation. They may however, in some measure supply the place of Valves by hindering the Bile from running too fast into the Duodenum, and the Contents of the Duodenum from entering this Duct.

302. THE internal Surface of all these biliary Ducts, that is, of the Ductus Hepaticus, Cysticus and Cholidochus, being examined through a Microscope in clear Water, appears to be nearly of the same Structure, through their whole Extent.



303. The cystic and hepatic Ducts do not in their ordinary and natural Situation represent the Capital Y of the Greek, where they form the Ductus Cholidochus. After the incurvation of the Neck of the Vessels, these two Ducts run very near each other, and they appear to be separated only by raising up the Liver to view them. The same Disorder happens in an inverted Liver, extra Situm; for then the Body of the Liver subsides and is flattened, and thereby separates the Ducts; whereas in its true Situation, it is very much incurvated, and the Ducts very near each other.

304. The Ductus Cholidochus appears rather to be a Continuation of the Ductus Cysticus, than the common Trunk of that and of the Ductus Hepaticus; for I have observed that this last Duct runs for some space within the Sides of the former, before it opens into the Cavity, much in the same manner as the Ductus Cholidochus passes into the Duodenum. I have likewise observed at the opening of the Hepatic into the Cystic Duct, a small loose valvular Membrane, which may hinder the Bile from returning out of the Ductus Cholidochus into the Hepaticus.

305. The Bile which passes through the Ductus Hepaticus into the Cholidochus, may be called Hepatic; and that which is collected in the Vesicula Fellea, may be termed Cystic. The hepatic Bile flows continually through the Ductus Cholidochus into the Duodenum, whereas the cystic Bile flows only by reason of Plenitude or by Compression.

*Remarks on  
the Vessels,  
&c. of the  
Liver.*

306. The Trunk of the Vena Portæ Ventralis terminates between the Lobulus and the opposite part of the great Lobe; and there joins the Trunk of the Vena Portæ Hepatica in the transverse Sinus of the Liver, between the right Extremity, and the middle of that Sinus.

307. The umbilical Ligament and consequently the umbilical Vein in the Fœtus joins the Trunk of the Vena Portæ Hepatica, toward the left Extremity of the transverse Sinus of the Liver. The Canalis Venosus in Man is not exactly opposite to the Vena Umbilicalis, but a little to the right hand; and therefore these three Vessels lie in such a Direction as to form two opposite Angles, resembling those of the Handle of a Wheel or of a Spill.

308. In the Fœtus therefore, the Blood which comes from the umbilical Vein does not run directly through that contained in the Vena Portæ Hepatica in the Sinus, and from thence into the Canalis Venosus; but is obliged to turn from left to right, and so to mix with the Blood in the Vena Portæ before it enters that Canal which opens into the Trunk of one of the great hepatic Veins of the Vena Cava near the Diaphragm.

309. The hepatic Vena Portæ gives off commonly five large Branches into the Liver, viz. three from its right Extremity into the great Lobe, and two from its left Extremity into the small Lobe; and from the Interstice between these, a small Branch goes directly to the middle of the convex side of the Liver.

310. The hepatic Veins are commonly three large Branches of the Trunk of the Vena Cava Inferior, which go out from it by one common Opening, especially two of them, and then separating, they enter the Substance of the Liver, intersecting the Branches of the hepatic Vena Portæ, and are ramified in all Directions in the manner already explained. The inferior Portion

tion of the opening of these Veins into the Vena Cava, forms a kind of semilunar Valve. Below these Hepatic Veins, the Vena Cava inferior sends off in its passage by the Liver several other small Hepatic Veins immediately from the Trunk, which seem to have the same Relation to the Hepatic Artery as the great Veins to the Vena Portæ.

312. The Passage of the Vena Cava is through the right Portion of the posteriour Sinus of the Liver, and consequently on the side of the great Lobe, which is hollow'd at this place sufficiently to give passage to the Vein, of which it surrounds about three fourths, sometimes more, and sometimes the whole.

313. This Passage answers to the Interstice between the Lobulus and the rest of the great Lobe, and its Direction is in the natural State, from above downward, and a little from right to left: but when the Liver is view'd extra Sinum, and inverted, it appears very oblique; but still it serves as a Guide to Beginners, who are very apt to be mistaken in examining an inverted Liver, as I have already observed.

314. The Trunk of the great Vena Portæ, the Hepatic Arteries, the Ductus Hepaticus, or Trunk of the Pori Bilarii, and the Nerves of the Plexus Hepaticus, form all together a large Bundle, before they enter the Liver. The Trunk of the Hepatic Vena Portæ is in the middle of this Bundle, the Hepatic Arteries lie on the right and left sides of this Trunk, the Nerves surround it on all sides, and they communicate with the Plexus Mesentericus superior.

315. AFTERWARDS the first Branches of the Arteries, Nerves and Pori Bilarii, leave the Trunk of the great Vein, and join in the same manner, the Trunk of the small or Hepatic Vena Portæ and its Ramifications in the Capsula Glissoni explained above.

316. All these Branches of the Vena Portæ, and of the Arteries, Nerves and Pori Bilarii, accompany each other by Ramifications through the whole Substance of the Liver, forming every where small Fasciculi in the same manner as the large Bundle is formed by their Trunks. Each Ramus of the Vena Portæ, Artery, Nerve, and Pori Bilarius has a proper Vagina, and all the four have a common Vagina distinguished from the former by cellular Septa, which are only Continuations of the Vagina of both kinds.

317. The convex side of the common cellular Vagina is connected quite round, to the Substance of the Liver by numerous Filaments which arise from it, and which form the cellular Substance found between the glandular Corpufcles. The concave side produces the cellular Septa above-mentioned.

318. In this common Vagina, the Vessels, Ducts and Nerves are disposed in such a manner, as that the Rami of the Vena Portæ chiefly fill the Cavity of it, and is in a lateral Situation; the arterial Ramus and Pori Bilarius lie together on the side of the Vein, and the Nerve is divided into several Filaments, which run in between the Vessels and Ducts, and chiefly accompany the Artery and Pori Bilarius; the Vena Portæ having by much the fewest.



319. THE Uses of the Liver shall be explained after the Description of the Pancreas, Spleen and Omentum, all these Viscera having a great Relation to the Liver.

Figure, Division and Situation of the Pancreas.

320. THE Pancreas is a long flat Gland, of that kind which Anatomists call Conglomerate, situated under the Stomach, between the Liver and the Spleen. Its figure resembles that of a Dog's Tongue, and it is divided into two sides, one superiour, the other inferiour; two Edges, one anterior, the other posterior; and two Extremities, one large, which represents the Basis of a Tongue, and one small and a little rounded like the Point of a Tongue.

Structure of the Pancreas.

321. THE Pancreas is situated transversely under the Stomach, in the Duplication of the posterior Portion of the Mesocolon. The large Extremity is connected to the first Incurvation of the Duodenum, and from thence it passes before the rest of that Intestine, all the way to its last Incurvation; so that a great part of the Duodenum lies between the Pancreas, and the Vertebrae of the Back. The small Extremity is fixed to the Omentum near the Spleen.

322. THE Pancreas is composed of a great number of soft glandular Moleculæ, combined in such a manner, as to exhibit the Appearance of one uniform Mass on the outside, the Surface of which is rendered uneven, only by numerous small Convexities, more or less flattened. When these Moleculæ are separated a little from each other, we find along the middle of the Breadth of the Pancreas, a particular Duct, in which several smaller Ducts terminate laterally on each side, like small Rami in a Stem.

323. THIS Canal, named Ductus Pancreaticus, or Ductus Virungi, from the Discoverer of it in the Human Body, is very thin, white and almost transparent, and the Extremity of the Trunk opens commonly into the Extremity of the Ductus Cholidochus. From thence it diminishes gradually, and terminates in a Point, next the Spleen. The small lateral Branches are likewise pretty large near the Trunk, and very small toward the Edges of the Pancreas, all of them lying in the same Plane like the Branches of the common Filix or Fern.

The small Pancreas.

324. THE Pancreatic Duct is sometimes double in Man, one lying above the other. It is not always of an equal length, and sometimes runs in a winding Course, but always in the same Plane; and it is nearer the lower than the upper side of the Pancreas. It pierces the Coats of the Duodenum, and opens into the Ductus Cholidochus, commonly a little above the prominent Point of the Orifice of that Canal; and sometimes it opens immediately into the Duodenum.

325. In Man, I observed several Years ago, that where the great Extremity of the Pancreas is connected to the Curvature of the Duodenum, it sends down an Elongation, which adheres very closely to the following Portion of the Intestine; and upon a careful Examination, I found a particular Pancreatic

Pancreatic Duct, ramified like the large one, which ran towards and intersected this great Duct, into the Extremity of which it opened, after having perforated the Duodenum. This Portion I term Pancreas Minus, and it sometimes opens separately into the Duodenum, in which we likewise observe several small Holes round the Ductus Cholidochus, which answer to the Pancreas.

326. THE Arteries of the Pancreas come from the Pylorics, Duodenalis, and chiefly from the Splenica, which adheres very closely to the whole lower side of the Pancreas near the posterious Edge, and it sends off in its passage a great many Rami, named Arteriae Pancreaticae; which go off from each side, more or less transversely. It receives also some small Ramifications from the Gastrica major, and Mesenterica superior.

327. THE Pancreatic Veins are Rami of the Splenica, one of the principal Branches of the Vena Portae Major or Ventralis. This Vena Splenica runs likewise along the lower side of the Pancreas near the Edge, in a shallow Depression, formed in the Substance of the Gland. These Veins answer to the Arteries of the same Name, and there are likewise other small Veins corresponding to the small Arteries, which are Productions of the great Mesaraica, &c.

328. THE Nerves of the Pancreas come partly from the Plexus Hepaticus, partly from the Plexus Splenicus, and partly from the Plexus Mesentericus superior, and it likewise receives some from the flat Ganglion or Plexiform Intertexture, spoken to in the Description of the Nerves, N° 413, and mentioned by the Name of the transverse Rope, N° 140.

329. THE Pancreatic Duct is not only double in some Subjects, as has been said, but the collateral Branches have Communications in form of Islands in several places, within the Body of the Pancreas. The Uses of this Viscus shall be explained hereafter.

#### §. 14. Lien.

330. THE Spleen is a bluish Mass, something inclined to red, and of a long oval Figure, being about seven or eight Fingers breadth in length, and four or five in breadth. It is of a softish Substance, and is situated in the left Hypochondrium, between the great Extremity of the Stomach, and the neighbouring false Ribs, under the Edge of the Diaphragm and above the left Kidney.

331. It may be naturally divided into Sides, Edges and Extremities, as I have always done in my ordinary Courses, for these many Years past. It has two sides, one external and gently convex, and one internal, which is irregularly concave; two Extremities, one posterious, which is pretty large, and one anterior, which is smaller and more depressed; two Edges, one superior, and one inferior, on both which there are in some Subjects, several Inequalities.

332. THE inner or concave side is divided, by a longitudinal Groove or Scissure, into two Planes or Half-sides, one upper, the other lower; and by this

Blod-vejs  
sch, and  
Nerves of  
the Pan-  
creas.

Structure of  
the Pan-  
creas.

Situation;  
Division and  
Figure of the  
Spleen.

The Spleen  
Pancreas



the Omentum, the Vessels and Nerves enter in human Subjects. The superior half of it is broader and more convex than the inferior. It is connected to the Convexity of the great Extremity of the Stomach. The inferior side lies backward on the left Kidney, and forward on the Colon, and sometimes this side of the Spleen appears to have two superficial Cavities, one answering to the Convexity of the Stomach, the other to that of the Colon. The convex side of the Spleen is turn'd to the left Ribs.

333. It is connected to the Stomach by the Vessels called Vasa Brevia, to the Extremity of the Pancreas by Ramifications of the Splenic Artery and Vein, and to the Omentum by Ramifications which the same Artery and Vein send to the Spleen, and which run in the longitudinal Groove.

334. It is connected to the Edge of the Diaphragm by a particular membranous Ligament of different breadths in different Subjects, fixed in its convex side, sometimes near the upper Edge and sometimes near the lower. This Ligament is situated transversely with respect to the whole Body, and longitudinally with respect to the Size of the Spleen. In some Subjects it is connected by other Ligaments to the Stomach and Colon, but in all this there are considerable Varieties.

335. THE Figure of the Spleen is not always regular, and is as various as the Size. Sometimes it has considerable Scissures both in the Sides and Edges, and sometimes it has Appendices. I have sometimes found a kind of small distinct Spleens, more or less round, and connected separately to the Omentum, at some distance from the anterior Extremity of the ordinary Spleen.

*Structure of the Spleen.* 336. THE Structure of the Spleen is not easy to be unfolded in Man, and it is very different from that of the Spleens of Brutes, from which both publick and private Demonstrations are commonly made.

337. Its Coverings adhere to it so closely in Man, that it is difficult to distinguish the common from the proper Coat; whereas in some Brutes, such as Oxen, Sheep, &c. nothing is more easy; for in such Animals we find two Coats separated by a cellular Substance. This covering seems to be no otherwise a Continuation of the Peritonæum than by the Intervention of the Omentum and Mesocolon; and even in Man the two Coats may be distinguished, where the Vessels enter by the longitudinal Scissure.

338. IN Man the Substance of the Spleen is almost wholly Vascular, that is, composed of the Ramifications of all kinds of Vessels. In Oxen the Substance of the Spleen is chiefly reticular, and in Sheep it is cellular. In Oxen and Sheep there are no venal Ramifications, but instead thereof, only open Sinuses disposed like Branches, except a small Portion of a venal Trunk perforated on all sides, at the Extremity of the Spleen.

339. IN the human Spleen we see something like glandular Corpuscles, as in those of other Animals; and there are numerous venal Ramifications throughout its whole Extent. Between these Ramifications we every where observe an Appearance of extravasated Blood, lying in a kind of filamentary transparent and very delicate Substance expanded through the whole Spleen.

340. This filamentary Substance having surrounded all the Ramifications, terminates in almost imperceptible Cells which communicate with each other; so that if we blow through a small Hole made in the membranous Covering, the whole Spleen will immediately be inflated.

341. The Surface of the Spleen of Oxen and Calves is visibly full of a great number of lymphatic Vessels, which may at any time be easily demonstrated; but in Man it is a very difficult Matter either to discover or demonstrate them.

342. The splenic Artery, which is one of the principal Branches of the Coeliac, runs along the lower side of the Pancreas, as has been already said, and passes from thence in a winding Course to the Spleen. The splenic Vein, which is larger than the Artery, is but little inflected in this part of its Course.

*Blood-Vessels  
and Nerves  
of the Spleen.*

343. This Artery and Vein having got beyond the Extremity of the Pancreas, send out several Rami together, which immediately afterwards divaricate in the same Plane, run in the membranous Duplication of the neighbouring Portion of the Omentum, and lastly intersect each other in their common Plane, all the way to the Scissure of the inner or concave side of the Spleen.

344. THESE arterial and venal Rami enter the Substance of the Spleen together by the same Scissure; being accompanied by the cellular Substance belonging to the membranous Duplication of the Omentum. We may likewise observe, that at this place the Coat of the Spleen sends from its concave side, a Portion of a Lamina, which is incurvated in the Scissure and penetrates into the Substance of the Spleen.

345. THE Nerves of the Spleen are very numerous, and come from the Plexus Splenicus, already described. These Nerves send out at different distances round all the arterial Ramifications of the Substance of the Spleen, a great number of Filaments in form of an irregular Network.

346. THE Arteries, Veins, and Nerves having entered the Spleen, are there divided and subdivided into a great number of Ramifications, and accompany each other to the very last Extremities of their Divisions. They are contained in a kind of common cellular Capsula or Vagina, which first surrounds all the three, and then sends off particular Septa between them. This Capsula seems to be formed by a Continuation of the cellular Substance of the Omentum and of that particular Lamina of the Coat of the Spleen which I mentioned above.

347. THE capillary Extremities of all these vascular Ramifications both arterial and venal end in the filamentary Cells already mentioned. *Malpighi* considered them as distinct Capsulae or Folliculi, containing the same number of small Glands. They all communicate together, so that where-ever we pierce the Coat of the Spleen, we may through that Hole, inflate the whole Viscus.

348. In Oxen and Sheep, there are no venal Ramifications, as I have said. The Vena Splenica having entered the great Extremity of these Spleens, runs first of all for about half an Inch or an Inch, and afterwards instead of of an ordinary Vein we find a Canal perforated on all sides. The beginning of this Canal has still some Remains of the Coats of a Vein; but the



Form of it is soon lost, and then we find nothing but Sinuses or Slits in the reticular Substance in Oxen, and in the cellular Substance in Sheep.

349. THE Spleen's Artery and Nerves are there ramified in a particular Manner, as in Men, and the Extremities of these arterial Ramifications seem to swim or float in the Cells, and to fill their filamentary Substance with Blood. At the ends of several of these Capillaries, I have observed small Corpuscles disposed like Bunches of Grapes; and I have seen two small Tubes going out from each Corpuscle, one long and open, the other small and short, which was lost in the sides of the Spleen.

350. I imagine that the long Tube, the Extremity of which I was not able to find, may be the Origin of a Lymphatic Vessel, especially because these Vessels are so very numerous and visible in an Ox's Spleen, as has been already said. These small Corpuscles may easily be discovered in an Ox's Spleen, when boil'd by a particular Administration, of which I shall say more in another place. They are indeed much larger before than after boiling, but they are not so solid, and subside more easily when cut. The same sort of Corpuscles may be discovered in the Human Spleen, but they are so extremely small, as not to be visible without a Microscope.

351. THE Uses of the Spleen shall be explained after the Description of the Omentum.

#### §. 15. Omentum & Appendices Epiploicæ.

*Situation,  
Division and  
Connexion of  
the Omen-  
tum.*

352. THE Omentum is a large, thin, and fine membranous Bag, surrounded on all sides by numerous Portions of Fat, which accompany and even invest the same number of Arteries and Veins adhering closely to each other.

353. THE greatest part of it resembles a kind of flat Purse or a Sports-Man's empty Pouch, and is spread more or less on all the small Intestines from the Stomach to the lower part of the Regio Umbilicalis. Sometimes it goes down to the lower part of the Hypogastrium, and sometimes does not reach beyond the Regio Epigastrica. It is commonly plaited or folded in several places, especially between the Bands of Fat.

354. IT is divided into a superiour, and inferiour; an anterior and posterior, and a right and left Portion. The superiour Portion is in a manner divided into two Borders, one of which is fixed along the great Curvature or convex side of the Arch of the Colon, and the other along the great Curvature of the Stomach. The Commissure or Union of these two Borders on the right side, is fixed to the common Ligament or Adhesion of the Duodenum and Colon, and to the contiguous Parts of these two Intestines. That on the left side is fixed to the longitudinal Scissure of the Spleen, to the Extremity of the Pancreas, and to the convex side of the great Extremity of the Stomach. It is likewise fixed to the membranous Ligament which sustains the Ductus Cholidochus, and connects it to the Vena Portæ Ventralis.

355. BELOW these Adhesions, the other Portions, that is, the anterior, posterior, two lateral and inferiour Portions, which last is the Bottom of the Sacculus Epiploicus, have commonly no fixed Connexions, but lie

loose between the Fore-side of the Cavity of the Abdomen and the Intestines. The anterior and posterior Portions are generally called the Laminæ of the Omentum, but as that Term is ordinarily employed to express the Duplication of some compound Membrane, it would be more convenient to call them Folia, Alæ, or some such Name.

356. THE Membrane of the Omentum is through its whole Extent, made up of two extremely thin Laminæ joined by a cellular Substance; the Quantity of which is very considerable along the Blood-Vessels, which it every where accompanies in broad Bands, proportioned to the Branches and Ramifications of these Vessels. These cellular Bands are more or less filled with Fat according to the Corpulency of the Subject, and for that reason I have called them Bands or Portions of Fat.

*Structure of  
the Omen-  
tum.*

357. BESIDES this large membranous Bag, which I name the great Omentum, there is another much smaller, which differs from the large one, not only in Size, but also in Figure, Situation and Connexion; and this I name the little Omentum. This small Bag is fixed by its whole Circumference, partly to the small Curvature of the Stomach, and partly to the concave side of the Liver before the Sinus of the Vena Portæ, so as to surround and contain the prominent Portion of the Lobulus.

*Little  
Omentum.*

358. THE little Omentum is thinner and more transparent than the other, and its Cavity diminishes gradually from the Circumference to the Bottom, which in some Subjects terminates in several small Cavities or Fossulæ more or less pointed. Its Structure is pretty much the same with that of the great Omentum, it being composed of two Laminæ, with a mixture of the same Portions of Fat, which are considerably finer than in the other.

359. WE see from this Situation of the two Omenta, that in the Space left between the lower side of the Stomach and upper side of the Mesocolon, they have a very broad Communication with each other; so that if either of them contain'd in its Cavity, any Fluid, that Fluid might readily get between the Stomach and Mesocolon, and so pass into the other Bag; especially when the Stomach is empty and consequently its Situation easily changed.

360. THEREFORE by means of this Interspace between the Stomach and Mesocolon, the two Omenta form one Cavity, which opens into the Cavity of the Abdomen by one common Orifice, situated near the Commissure on the right side of the great Omentum. This Orifice is semilunar or semicircular, and formed by the Union of two membranous Ligaments, whereof one connects the beginning of the Duodenum and Neck of the Vesicula Fellea to the Liver; the other connects the contiguous Portion of the Colon to the same Viscus, and extends to the Pancreas. From thence arises an incurvated Border, which surrounds the Root of the Lobulus, leaving an Opening wide enough to admit the end of the Finger.

361. To discover this Orifice of the Omentum, we need only raise a little the great Lobe of the Liver, and find out the Root of the Lobulus, and apply to it a large Pipe wrapt round with Cotton, Wool, or Tow, to hinder the Regress of the Air. Then if we blow gradually, the Air will inflate the sides of the great Omentum, and give it the appearance of a large



Bladder irregularly divided into several Lobes or Tubercles by the Bands of Fat, which appear in this State, like so many Fimbriae between the Lobes; to

362. To be sure, in succeeding in this Experiment, the two Omenta must be in their natural State, and they must be handled very gently with the Fingers first dips in Oil. It succeeds better in young, lean Subjects, than in old or fat Subjects.

363. When we touch these Membranes with dry Fingers, they stick to them so closely as hardly to be separated without being torn; as we see by the reticular Holes, which appear in those Portions of the Membranes, that have been thus handled. In that case it is to no purpose, to blow through the natural Orifice, already mentioned; and it is owing to these small Holes that the Membranes of the Omentum have been supposed to be naturally reticular.

364. THE membranous Laminæ of the little Omentum are continued partly with the external Membrane of the Liver, partly with that of the Stomach, and a little with the Membrane that lines the neighbouring Portion of the Diaphragm. Those of the great Omentum are continued partly with the same Coat of the Stomach, and partly with the external Covering of the Colon, and consequently with the Mesocolon; and they likewise communicate with the Covering of the Spleen.

365. We may satisfy ourselves concerning these Continuities, by making a small Hole in one of the Laminæ of the Omentum near the Stomach, Colon, &c. and by blowing into that Hole, through a Pipe well fitted to it, for the Air will gradually insinuate it self under the common Coat of these Viscera: but if the Parts be dry, they must be moisten'd a little, before the Experiment is made.

*Appendices  
Epiploicae.*

366. THE fatty Appendices of the Colon and Rectum have always appear'd to me to be a kind of small Omenta or Appendices Epiploicae. They are situated at different distances along these Intestines, being particular Elongations of their common or external Coat. They are of the same Structure with the great Omenta, and there is a cellular Substance contained in their Duplication, more or less filled with Fat, according as the Subject is fat or lean.

367. NEXT the Intestine, each of them forms a broad, thin Basis, and they terminate by irregular Papillæ, thicker than their Bases. These Bases are at first disposed longitudinally, then obliquely, and lastly, more or less transversely, especially near the Rectum, and upon that Intestine.

368. THESE Appendices are for the most part separated from each other; but some of these which have longitudinal Bases communicate together, the Vestiges of these Communications being very narrow, and not very prominent. By blowing through a small Hole made in one of these Appendices, it is inflated like a small irregular Bladder, and the Air passes under the external Coat of the Colon or Rectum.

369. BEING these Appendices Epiploicae, we observe at different distances along the Colon, between the ligamentary Band which lies hid, and one of the other two, that is, on both sides of the Adhesion of the Mesocolon, several

Several *Adiposæ Strata*, which may likewise be look'd upon as *Appendices* of the same Nature; with the former; but these *Strata* are very seldom observed between the two apparent digastric Bands of the Colon.

The *Arteries* and *Veins* of the great *Omentum* are Branches of the *Gastricæ*, and for that reason go by the Name of *Gastro-Epiploicæ*, *Dextra* and *Sinistra*. The *Arteries* on the right side answer to the *Hepatic Artery*, and those on the left side to the *Splenic*; and both communicate with the *Arteria Ventriculi Coronaria*, and respectively with the *Arteria Mesenterica*. The *Gastro-Epiploicæ Veins* answer in the same manner of Distribution, to the *Vena Portæ*.

*Vessels of the Omentum.*

The *Vessels* of the little *Omentum* come chiefly from the *Coronaria Ventriculi*; and those of the *Appendices* and *Strata* are *Ramifications* from the reticular Texture of the *Arteries* and *Veins* of the *Colon* and *Rectum*.

The *Use* of the *Abdominal Viscera* described in the thirteen foregoing *Paragraphs*.

The *Intestines* in general finish what the *Stomach* had begun. The alimentary Pulp having been sufficiently prepared by the *Succus Gastricus*, or *Lymph* of the *Stomach*, undergoes a farther Change by the intestinal *Lymph*, *Bile* and *Pancreatic Juice*, by which the milky Liquor called *Chyle* is produced, and this Liquor rendered fluid enough to enter the lacteal Vessels through the *Tunica Villosa* of the small *Intestines*, while the grosser Portion of the *Aliment* continues its Course, and becoming gradually thicker as it advances toward the great *Intestines*, is there collected by the Name of *Fæces*.

The Dilatation of the *Intestines* is bounded by their common Coat. The undulating, successive and periodical Contraction of the fleshy Fibres, especially of the orbicular Fibres of the muscular Coat, expresses the intestinal *Lymph*, beats it up into an Emulsion with the alimentary Paste, strains that Emulsion through the lacteal Vessels, and propels the Residuum in the manner already said.

The nervous Coat serves to sustain the *Tunica Villosa*, and by the oblique Disposition of its Fibres, yields to the Periodical Motions of the muscular Coat, without compressing the Chyliferous Ducts which pass through the Meshes of this Coat in the small *Intestines*. The Uses of the villous or internal Coat are sufficiently apparent from the Description given of it.

The Length of the small *Intestines* gives a great Extent to what may be call'd the Strainer of the Chyle, and this Extent is very much enlarged by the numerous Folds termed *Valvulae Conniventes*. By means of this large Extent, there is a great quantity of Chyle strained through these *Intestines*, and the Valves hinder the alimentary Pulp from passing through them too fast, that is, before all the milky Juice has been expressed; and



this may be observed chiefly in the Beginning of the Intestines, where these Valves are most numerous and broadest, and the Aliment most fluid.

376. THE Cavity of the great Intestines serves to receive the Feces of the Aliment, and to contain a considerable Quantity thereof for a certain Space of Time, without any inconveniency, and without being obliged to discharge them continually, which would be as great an inconveniency as any. The Incurvation of the Colon, its Cells and Contraction of its last Convolutions contribute to this retention of the Feces: but the Cæcum seems to be the first Organ thereof, because the Feces being first collected there, are obliged afterwards to move in a contrary Direction as they ascend into the Colon.

377. THE Valve of the Colon, which might more properly be termed the Sphincter or Pylorus of the Ileum, hinders the Feces from returning into the small Intestines: I say, the Feces or gross Matter, because it is not certain that this Valve intirely stops that Passage, or that it always hinders any fluid Matter forced downward by the Colon from entering the Ileum, even in a natural State.

378. THE Glandular Lacunæ of the great Intestines furnish continually a kind of Mucilage, which not only defends the internal Coat from the Acrimony of the Feces, but serves also to lubricate these Feces in proportion to their different degrees of Solidity.

379. THE Appendicula Vermiformis is so very small in Adults, that its Use cannot be determined with certainty. Perhaps the mucilaginous Matter in its Cavity, furnished by the numerous Glandular Lacunæ of its internal Coat, which can only be evacuated by Plenitude, may, during its stay there, contract an Acrimony, which may vellicate or stimulate the Cæcum, in order to throw its Contents into the Colon.

380. THE Intestinum Rectum is the last Reservatory of the Feces. The great Thickness of its muscular Coat, and the great Number of longitudinal Fibres by which this Thickness is chiefly formed, enable it to yield to the collected Feces to so great a degree, as to represent a large Bladder or Stomach. The Musculi Levatores Ani serve to suspend the lower Portion of this Intestine, especially when full; and it is partly by the Contraction of these Muscles which overcome the Sphincter of the Anus, that the Feces are discharged out of the Body. These Sphincters form the third Pylorus of the whole alimentary Canal.

381. THE Mesentery and Mesocolon connect the Intestines, in such a manner, as that they cannot be twisted or run into Knots, without hindering them from sliding and yielding to each other according to the different Postures of the Body, or according as they are more or less empty or full.

382. THE Adhesions of the Mesentery form the Convolutions of all the small Intestines into a large Bundle, irregularly round, which fills a great part of the Cavity of the Abdomen, from the Epigastrium downward.

383. THE Mesocolon by its adhesion to the Colon forms a kind of Septum Transversum, between the small Intestines and the Viscera contained in the Epigastrium; and this Septum supports the Liver and Stomach under the

the Arch of the Diaphragm, just as much as it is sustained by the Intestines. This natural Situation of these Viscera is most commonly altered in dead Bodies opened after the common Method, and without the necessary Precautions.

384. THE breadth of the Mesentery and Mesocolon affords a large extent to the Ramifications of the Arteries, Veins and Nerves distributed through them by innumerable Communications and Anastomoses, by means of which any Portion of the Intestines may be supplied, though the principal Branch which leads to it should happen to be compressed or obstructed.

385. THE cellular Substance in the Duplication of the Mesentery and Mesocolon, serves not only for a soft Bed to all these Ramifications, but also to contain those Collections of Fat, necessary for the Formation of the Bile, as I shall observe hereafter; and the cellular Substance of the Mesentery has likewise one Use peculiar to it, which is to invest the Lymphatic Glands and Lacteal Vessels, and upon this account it is thicker than that of the Mesocolon.

386. THE Lacteal Vessels being first formed by a copious reticular Texture round the Circumference of the Intestines, resembling the vascular Network of that Canal, and afterwards uniting every where through the Duplication of the Mesentery, with the arterial Ramifications which they likewise accompany in many places; it is easy to conceive that the Pulsation of the Mesenteric Arteries must propel the Chyle in the Lacteal Vessels from the Intestines to the Receptaculum Chyli, that Motion being suitable to the Direction of their Valves.

387. THE Liver is the principal Organ for the Secretion of the Bile. The Villi of that immense Number of Glandular Cells of which it is composed, filtrate continually from the Blood of the Vena Portæ, small Drops of Bile which afterwards insinuate themselves into the Pori Biliarii, and are in part lodged in the Vesicula Fellea, and in part run directly into the Duodenum, in the manner already explained in describing the Biliary Ducts.

388. THE Spleen, Omentum, Appendices Epiploicæ, Adipose Strata of the Mesentery, and those of the great Intestines, and even the Pancreas, with the whole Series of Glands in the intestinal Canal, seem to contribute to the Formation of the Bile, as so many auxiliary or rather preparatory Organs; but each of them in a different way.

389. It appears, (1.) That the Venal Blood that returns from all the Intestinal Glands, and from the Pancreas, has left a great Portion of its Serum. (2.) That the Blood which returns from the Spleen has undergone a certain Change, by its Course being mechanically retarded, and likewise that its Texture is altered by the Action of the numerous Nerves sent thither by the Plexus Splenicus. (3.) That the Blood which returns from the Omenta, Appendices Epiploicæ, and from the Strata and other Collections of Fat, is loaded with Oil.

390. THESE three kinds of Venal Blood meet in the Trunk of the Vena Portæ Ventralis, where they are mixed together, and from thence they enter the transverse Sinus or Trunk of the Vena Portæ Hepatica. In this Sinus they are still more intimately mixed, as in a kind of Lake, and become



come one uniform Mass of Blood, which being forced into the Branches of the Vena Portæ Hepatica, only by the supervening Blood, from the other Vena Portæ, and by the lateral Pulsations of the Ramifications of the Hepatic Artery, its Course must be very slow. The Secretion of the Bile depends partly on this slow Motion, and partly on these external Impulses, as I shall show in another place.

391. THE vesicular Bile appears to be more exalted than that in the Hepatic Duct; and by meeting in the Ductus Cholidochus, they seem to compose a third kind of Bile, which without the Cystic or Vesicular Bile would perhaps be too mild; and too acrid without the Hepatic. This Bile mixes in the Duodenum with the Pancreatic Juice, and with that of the intestinal Glands, and from this Mixture a Fluid results, which is proper to separate the Chylous Matter from the gross and useless Part of the alimentary Pulp, as it comes from the Stomach.

#### 6. 17. *Renēs & Uterus.*

*Situation,  
Figure, and  
Division of  
the Kidneys.*

392. THE Kidneys are two pretty solid, glandular Bodies, situated in the posterious Part of the Cavity of the Abdomen, on each side of the Lumbar Vertebrae, between the last false Ribs, and Ossa Ilium. The right Kidney lies under the great Lobe of the Liver, and is consequently lower than the left, which lies under the Spleen.

393. THE Figure of the Kidneys resembles that of a large Bean, their Circumference being convex on one side, and concave on the other. The concave Side is turned to the Vertebrae, and the convex Side, the opposite way. Their Length answers to the Distance between the last false Rib, and Os Ilium; they are about half as broad as long, and half as thick as broad.

394. In each Kidney we observe a fore and back side; an upper and lower Extremity; a great and small Curvature, and a Convexity and Concavity.

395. THE back-side is broader than the fore-side; and the upper Extremity is a little broader and more incurvated than the lower. The Depression in the small Curvature is oblong and uneven, resembling a Sinus, surrounded by several Tubercles; and as it is turned a little toward the fore-side, this side is something narrower than the other.

*Blood-Vessels of the  
Kidneys.*

396. THE descending Aorta and inferior Vena Cava lie between the Kidneys, pretty close to the Bodies of the Vertebrae, and to each other; the Artery being on the left hand, the Vein on the right. Each of these large Vessels sends out transversely toward each side, commonly one capital Branch, which goes to the Kidney, and enters the Sinus or Depression thereof, by several Rami, of which hereafter.

397. THESE Vessels were by the Ancients termed the emulgent Arteries and Veins, but I chuse rather to call them Arteriæ Venæ Renales. Sometimes there are more than one of each kind, which is ofteneft found in the Arteries, sometimes on one side only, and sometimes in both.

398. THE Artery and Vein are not of an equal length, and the difference depends on the Situation of the Aorta and Vena Cava; for the left Renal Artery is shorter than the right, because the Aorta lies nearest the left Kidney; and the left Renal Vein is longer than the right, because the Vena Cava lies furthest from the left Kidney.

399. THESE Vessels are likewise disposed in such a manner, as that the Veins lie more anteriorly than the Arteries; because the Aorta lies close to the Spina Dorsal; whereas the Vena Cava which perforates the Diaphragm at some distance from the Vertebrae, does not join them, till after it has given off the Renal Veins.

400. EACH Renal Artery is surrounded by a nervous Net-work, called *Nervus of the Plexus Renalis*, which furnishes a great number of Filaments to the Kidneys, that come partly from the Semilunar Ganglions of the two great Sympathetic Nerves, and partly from the Plexus Hepaticus and Splenicus. This Renal Plexus sends likewise some Filaments round the Renal Veins.

401. THE Kidneys are surrounded by a very loose membranous and cellular Covering, called *Membrana Adiposa*, because in fat Persons the Cells of this Substance are filled with Fat. This was for a long time impertinently taken for a Duplication of the Peritonæum, the true membranous Lamina of which, covers only the fore-side of the Kidneys; and consequently they lie without the Peritonæum, because the Portion of that Membrane that covers them cannot be looked upon as an intire Coat; so that the only common Coat they have, is the cellular Substance which likewise invests the Renal Arteries and Veins in form of a Vagina.

402. THE proper Coat or Membrane of the Kidneys is composed of two Laminæ, between which there is likewise a very fine cellular Substance, which may be made sensible by blowing through a Pipe between the two Laminæ.

403. THE external Lamina is very thin, and adheres closely to the internal Lamina, by means of the cellular Substance. The internal Lamina penetrates every where by numerous Elongations, into the Substance of the Kidney, from which it cannot be separated without tearing.

404. THE Surface of the external Lamina is very smooth, polished and glistening, and it renders the whole Surface of the Kidney very even and uniform in Adults. In Children, this convex Surface is in a manner divided into several Lobes or Tubercles, almost as in Oxen and Calves; and in grown Persons we sometimes observe the same Inequalities.

405. THE Blood-Vessels having entered the Kidneys, are ramified every way, and these Ramifications send out other capillary Rami, which go all the way to the Surface, where they appear like irregular Stars, and furnish the proper Membrane of the Kidneys. Sometimes these two Ramifications penetrate to the *Membrana Adiposa*, and communicate there with the Arteriæ and Vena Adiposæ.

406. THE proper Membrane having surrounded the Kidney, all the way to the Sinus, joins the Vessels at that place, and accompanies all their Ramifications through the Body of the Kidney, in form of a Vagina or Cap-



and likewise contributes in part to form the Pelvis and Calices or Infundibula of which hereafter.

407. We sometimes observe a considerable Vessel to go in or come out from the convex Surface of the Kidney, but this is not common; and in change there is a Depression by which the proper Membrane enters, and communicates with that Portion which goes in by the Sinus.

The Pelvis of the Kidney.

408. The Tunica Adiposa or common Coat, which likewise invests the great Vessels to their entry into the Kidneys, does not seem to accompany them any further; but terminates at the Sinus, in the Interstices between the Ramifications.

Structure of the Kidneys.

409. We may distinguish three kinds of Substances in the Kidney; an exterior Substance, which is thick, granulated, and in a manner Cortical; a middle Substance, which is medullary and radiated, called Striata, Sulcata or Tubularis, because it seems to be made up of radiated Tubes; and an inner Substance, which is only a Continuation of the Second, and terminates on the inside by Papille; for which reason I have given it the name of Papillaris.

410. These three Substances may be seen distinctly in a Kidney cut into two equal Parts, through the great Curvature. The Cortical Substance may be observed round the whole Circumference; and by the Microscope, we perceive it to be of a spongy, granulated, and waving Texture, all its Parts adhering together in a radiated manner. Its Colour is a bright whitish Grey.

411. By fine anatomical Injections and in Inflammations, we discover an infinity of small Capillary Vessels, which run in various Directions, between and round the different Portions of this Substance, and by the help of a Microscope, we see likewise great numbers of small red Corpuscles more or less round, and disposed almost like Bunches of Currants. These small Corpuscles are perhaps only the Extremities of the cut Vessels, filled either with Blood or with a coloured Injection.

412. The other two Substances, that is, the Medullary or Striated and Papillary, are really but one and the same Mass, of a more reddish colour, the convex side of which rises at several places into narrow Tubercles, lodged in the same number of Cavities or Depressions. The radiated Striae are afterwards continued to the Papillary Portion; and the Papille form in some measure so many Centers of these Radii, opposite to the Tubercles.

413. The medullary Substance is likewise distinguished from the Cortical, by the arterial and venal Arches, which send Capillary Ramifications on all hands; and its Colour is more or less red.

414. The Papillae, which are only a Continuation of the medullary Substance, as has been said, are often a little paler than that Substance. They are ten or twelve in number, very distinct from each other, resembling the same number of Cones, with very broad Bases and obtuse Apices.

415. At the Point of each Papilla we see, even without a Microscope, in a small Depression, several very small Holes, through which little Drops may be perceived to run when the Papillæ are compressed. These are little Drops of Urine, which being filtered, partly in the cortical, partly in the medullary or tubular Substance, do afterwards pass through the Substance of the Papillæ, and are discharged by these Orifices.

416. Each Papilla lies in a kind of membranous Calix or Infundibulum, which opens into a common Cavity, called the Pelvis. This Pelvis is membranous, being of the same Structure with the Calices, of which it is a Continuation; and its Cavity in Man is not uniform, but distinguished into three Portions, each of which contains a certain number of Infundibula or Calices, together with the Papillæ which lie therein: and sometimes we find two or three Papillæ in the same Infundibulum.

*The Pelvis of the Kidneys.*

417. At the place where these Infundibula surround the Bases of the Papillæ, they send Productions into the medullary or radiated Substance of the Kidney, which accompany the Blood Vessels, and serve for Capsule or Vagina to all the vascular Arches, both Arterial and Venal, and to their different Ramifications, quite through the Cortical Substance, and as far as the Surface of the Kidney.

418. After the Infundibula have contracted in a conical Form round the Apices of the Papillæ, each of them forms a small short Tube or Gullet, which uniting at different distances along the bottom of the Sinus of the Kidney, form three large Tubes which go out from the Sinus, in an oblique Direction from above downwards, and immediately afterwards unite into one Trunk.

*Ureters.*

419. This Trunk becomes a very long Canal, called the Ureter. In Men, the three Tubes supply the place of what is called the Pelvis in Brutes, and might more properly be called the Roots or Branches of the Ureters than the Pelvis; which name would agree best to the Trunk, as being larger than the rest of the Ureter. The Ureters are commonly two in Number, one for each Kidney, but sometimes there are more than two.

420. The Situation of the Trunk, and of the Roots and Branches of each Ureter, with respect to the renal Artery and Vein, is in the following manner: The Artery is in the upper part of the Sinus, and partly before the Vein. The Vein is about the middle, and between the Artery and Ureter. The Ureter is in the lower part, a little behind the Vein, and it is partly surrounded by one Branch of the Artery.

421. This Disposition appears plainer near the antierior than near the posterioir side of the Kidney, because this last is broader than the former; and we likewise see there the three Branches of the Ureter, of which the uppermost is the longest, and the lowest is the shortest, because of their oblique Direction downward.

422. From this Description, we see that in the Human Kidney there is no other common or uniform Pelvis, but the Trunk or Head of the Ureter, and the three great Branches. To have a true Idea of their Disposition, we



must imagine that the Ureter enters the Kidney by the lower part of the Sinus, that it increases gradually in breadth as it advances, and that it is divided into three Branches, before it enters the Substance of the Kidney.

423. One of these Branches may be reckoned a direct Continuation of the Ureter; and it is longer than the rest, being extended from the lower to the upper part of the Sinus, and it may be found without much preparation. The other two Branches are shorter, and cannot be well discovered without an artificial Separation. The Angles between these Branches at their Bases, or at the Head of the Ureter, are not pointed as those of other Ramifications, but formed by a round Incurvation, which is generally surrounded by Fat.

424. These first Branches of the Ureters produce other small Branches at the bottom of the Sinus, which are disposed in Pairs. These small collateral Branches extend in breadth, and form the Infundibula or Calices, in which the Papillae are lodged; the great Circumference of which produces in the Substance of the Kidney, the different Vaginae of the vascular Arches and of their Ramifications. The internal Lamina of the Kidney is continued round these Vaginae, and the external Lamina is expanded round the first Branches, round the Trunk, and round all the rest of the Ureter.

425. In the Trunk of the Ureter be split on that side which is next the Vertebrae, and this Section be continued to the Extremity of the superior Branch, we may observe immediately above the Trunk, two Holes lying near each other, which are the Orifices of the small collateral Branches and Gullets of the Infundibula. A little above these Holes, there are other two very much like them, and so on all the way to the Extremity of the superior Branch, which terminates likewise by these Gullets of the Infundibula; and in each of these Gullets we may observe at least the Apex of one Papilla.

426. A Section begun on the convex Surface of the Kidney, and carried from thence to the Trunk of the Ureter, discovers the Extent of the Papillae very plainly, and likewise the Infundibula, their Gullets, &c. but it will be difficult to give Beginners a just Idea of the Structure of these Parts, without the other Section.

427. THE Ureters run down obliquely, and with a very small degree of Inflexion, from the Kidneys to the lateral Parts of the inner or anterior side of the Os Sacrum, and passing between the Rectum and Bladder they terminate in the last of these Viscera in the manner that shall be explained hereafter.

428. THEY are composed of three proper Coats; the first of which, that surrounds the rest, is of a whitish Colour, and of a very compact filamentary Texture, being stretched with difficulty, and appearing like a filamentary Substance degenerated. The next Coat is of a reddish Colour, stronger than the first, and made up of different Strata of Fibres, which intersect each other; but it is very hard to determine, whether they are muscular or simply membranous.

429. The innermost Coat is in some measure ligamentary, and lined by a very fine Membrane, which covers a very delicate reticular Texture of Vessels. It is highly granulated like moist Velvet, and moisten'd all over by a mucilaginous Liquor. It has several longitudinal Ruge, which are intersected by a great number of small transverse Ruge.

430. Besides these proper Coats, the Ureters are invested by the cellular Substance of the Peritoneum; the membranous Lamina of which, covers likewise about two thirds of their Circumference, sometimes more, sometimes less, but never surrounds them intirely: so that when they are examined in their natural Situation, they appear like Ropes lying behind the Peritoneum, and jutting out more or less toward the Cavity of the Abdomen, together with that Portion of the Peritoneum, which covers them.

431. All that has been said about the Structure of the Ureters, Pelvis, Arches, Striae, Possule, and Hoies at the Apex of the Papillus, appears most distinctly, when these Parts are examined in clear Water, as I have already often observed.

432. *Glandula Renales, vulgo Capsula Atrabiliaria.*

432. IMMEDIATELY above each Kidney, lies a glandular Body, called by the Ancients *Capsula Atrabiliaria*; by others *Capsula Renales*, *Renes Succenturiati*, and *Glandula Renales*; and they might be properly enough termed *Glandula Supra-Renales*. They are situated on the upper Extremity of each Kidney a little obliquely, that is, more toward the inner Edge and Sinus of the Kidney than toward the outer convex Edge.

433. EACH Gland is an oblong Body with three sides, three Edges and two Points, like an irregular Crescent with its great or convex Edge sharp, and the small concave Edge broad. Its length is about two thirds of the greatest breadth of the Kidney, and the breadth of its middle Portion is about one third of its Extent between the two Extremities, sometimes more, sometimes less. Its Colour is a dark Yellow.

434. It has one anterior, one posterior, and one lower side, which last may be termed the Basis; and it has one upper, and two lower Edges, whereof one is anterior, the other posterior. The upper Edge may be called the Crista, and the two lower Edges, the Labia. One of its Extremities is internal, or turned inward toward the Sinus of the Kidney; the other is external, or turned outward toward the gibbous part of the Kidney. The Figure of this glandular Body may likewise be compared to that of a single Cock's Comb, or to the Top of an Helmet.

435. THE Surface of these Glands is uneven; the fore-side is the broadest and the lower side or Basis the narrowest. Along the middle of the anterior side, a Ridge runs from the Edge of the inner Extremity a little above the Basis, to the Point of the other Extremity, and divides this side into two equal Parts, like the middle Rib of the Loaf of a Tray, and on the lower side under the Basis, there is a kind of Raphe or Suture.

Situation,  
Figure and  
Size of the  
Renal  
Glands.

Structure of  
the Renal  
Glands.



on the Blood-Vessels of these Glands, come from the Arteries and Vena Renalis, and Diaphragmatica, and likewise from the Aorta and Vena Cava, from the Arteria Celiacæ, &c. These Vessels are coated the Capsular Arteries and Veins, and as they enter the Glands, they seem to be invested by a Vagina. They are not always derived from the same Source, neither is their number the same in all Subjects, and there is commonly a pretty large Vein, which runs along the Ridge. The Nerves on each side, are furnished by the neighbouring Semilunar Ganglions, and by the Renal Plexus, which depends on it.

437. In the inside of these Capsule, there is a narrow triangular Cavity, the Surface of which is full of short, strong Villi of a yellowish Colour; but in Children it is reddish, and of a dark brown in aged People. The sides of this Cavity are connected by a great number of Filaments, and they appear to be wholly glandular, that is, to be filled with very fine small Follicular Corpuscles. Along the top of the Gland, these sides touch each other immediately.

438. In opening this Cavity, we find a granulated or follicular Substance, which fills it almost intirely; and the Blood-Vessels are distributed on this Substance, as well as on the sides of the Cavity. If the Section be begun at the great Extremity of the Capsula, and be continued through the upper Edge; and if the lateral Portions be afterwards separated, the glandular Body appears like a kind of Crista, raised from the middle of the Bottom of the Cavity.

439. This glandular Body or Nucleus, adheres more closely to the Bottom or Basis of the Cavity, than to the two sides, especially near the great Extremity; but yet it may be separated, both from the Basis and Sides, being connected to them by a great number of small Filaments. It adheres least to the Basis near the small Extremity.

440. The Capsular Vein, which comes ordinarily from the Vena Renalis, is much larger than the Arteries, and it communicates with the inside of the Capsula, much in the same manner as the Vena Splenica, with the Cells of the Spleen, for it may be inflated by blowing into any part of the capsular Cavity, and the Air likewise passes into the Vena Renalis, &c.

441. This Cavity contains an unctuous viscid Liquor, of a yellowish red Colour, which with Age, changes gradually into a yellowish Purple, a dark Yellow, and a black Yellow; and sometimes it is perfectly black, but even then if it be spread thin on a large Surface, it appears yellow. I have sometimes found it not only reddish, but mixed with real Blood.

442. The Uses of these Renal Glands have not as yet been discovered, and all that we know about the Liquor contained in them, is, that it resembles the Bile. They are very large in the Foetus, and diminish in Adults. These two Phenomena deserve our Attention.

443. THEY lie sometimes directly on the top of the Kidneys, but I never found them on the gibbous parts. The Gland on the right side is partly connected to the Diaphragm, under and very near the Adhesion of the great Lobe of the Liver to that Muscle. That on the left side adheres to the Diaphragm

Diaphragm below the Spleen, and both these Connexions are confined to the contiguous Portions of the inferior Muscles of the Diaphragm. They are involuted together with the Kidneys, in the Membrana Adiposa, of which a very thin Portion insinuates itself between the Kidneys and Glands, and also between them and the Diaphragm: so that they adhere to both by the Intervention of the cellular Substance, which in some Subjects contains a Stratum of Fat.

444. The Venal Ridge already mention'd, sinks so deep into the fore-side in some Subjects, that the upper part of this side appears to be separated from the lower; but this is seen most distinctly when the Capsula is examined in clear Water.

445. WHEN the capsular Vein is opened lengthwise with the Point of a Lancet, we discover in it a great many small Holes, many of which are only the Orifices of the Rami of the Vein; others are simple Holes; and it is perhaps through these that the Air passes into the Gland, as already mentioned.

446. ON the outer Surface of these Capsulae, we observe a very thin, distinct Coat, separate from the cellular Substance that surrounds them. Sometimes this Coat is raised by an uneven Stratum of Fat, which makes it appear granulated; and for the same reason, the Capsulae are of a pale colour like a Corpus Adiposum.

447. THE liquor contained in them, appears sometimes in the Fœtus, and in young Children, of a bluish Colour inclined to red.

448. To be able to discover the Uses of these Capsulae, we must not only attend to the two Circumstances already mentioned, but also to their external Conformation, which is commonly more regular in the Fœtus, and in Children, than in Adults and old People. We must likewise consider the Consistence and Solidity of their Substance, which is greater before Birth, and in Childhood, than in an advanced or old Age; in which they are often very flaccid, and very much decay'd; and this perhaps may be the reason, why the Figures given of these Glands taken out of their Membrana Adiposa, are so very irregular and different from what I have demonstrated for above twenty Years past.

§. 19. *Vesica Urinaria.*

449. THE Bladder is a kind of membranous and fleshy Pouch or Bottle, capable of Dilatation and Contraction, situated in the lower part of the Abdomen, immediately behind the Symphysis of the Ossa Pubis, and opposite to the beginning of the Intestinum Rectum. The Figure of it, is nearly that of a short Oval. It is broader on the fore and back sides, than on the lateral Parts; rounder above than below, when empty, and broader below than above, when full.

450. It is divided into the Body, Neck and Bottom; into an antierour, posterour, and two lateral Parts. The upper part is termed the Fundus or Bottom,

*Situation,  
Figure, and  
Division of  
the Bladder.*



Bottom, and the Neck is a Portion of the lower part, which is contracted like the Gullet of some Ventrals.

*Structure of  
the Bladder.*

451. THE Bladder is made up of several Coats, which are the Peritonæum, the true Lamina or Membrane of the Peritonæum; and the rest of it is surrounded by a cellular Substance, by the intervention of which, the Peritonæum is connected to the muscular Coat.

452. THE proper Coats are three in number, one muscular, one nervous, and one vitæa, which is the innermost. The muscular Coat is composed of several Strata of fleshy Fibres, the outermost of which, are mostly longitudinal; the next to these are more inclined toward each Hand; and the innermost, more and more oblique, and they become at length almost transverse. All these Fibres intersect each other in various manners, and they are connected together by a fine cellular Substance, and may be separated by inflating that Substance.

453. THE nervous Coat is nearly of the same Structure with the Trunk Nervous of the Stomach.

454. THE internal Coat is something granulated and glandular, and a mucilaginous Serum is continually discharged through it, which moistens the inner Surface of the Bladder, and defends it against the Acrimony of the Urine. It appears sometimes altogether uneven on the inner side, being full of Eminences and irregular Rugæ when empty, and in its natural State of Contraction. These Inequalities disappear when the Bladder is full, or when it is artificially distended by Air, or by injecting any Liquid.

*Urachus.*

455. AT the top of the Bladder above the Symphysis of the Os Pubis, we observe a ligamentary Rope, which runs up between the Peritonæum and the Linea Alba of the Abdomen, all the way to the Navel, diminishing gradually in thickness, as it ascends. This Rope had a particular use in the Fœtus, as shall be said in another place. It is sufficient to add here, that it is in part originally a Production of the inner Coats of the Bladder, which Production is termed Urachus.

*Arteria  
Umbilicales.*

456. THIS Rope is composed likewise of two other ligamentary Elongations, which are the Extremities of the umbilical Arteries. These Arteries come from the Hypogastricæ, run up by the sides of the Bladder, and remain hollow and filled with Blood, even in Adults, as high as the middle of the Bladder, through all which Space they likewise send off Ramifications. Afterwards they lose their Cavity, and become ligamentary as they ascend. At the upper part of the Bladder, they approach each other, and joining the Urachus, form that Rope, which may be termed the superior Ligament of the Bladder.

457. THE external Fibres of the muscular Coat, are more numerous than the internal; and the most longitudinal anterior Fibres, form a kind of Incurvation round the Urachus at the top of the Bladder, much like that of one of the fleshy Portions, which surround the superior Orifice of the Stomach, and lower Extremity of the Oesophagus. This Incurvation passes behind the Urachus.

458. THE Portion of the Peritonæum, which covers the posterior convex side of the Bladder, forms a very prominent, transverse Fold, which the Bladder is contracted, which disappears when the Bladder is extended. This Fold surrounds the posterior half of the Bladder, and its two Angles are elongated toward each side, by which Elongation a kind of Ligament of the Body of the Bladder is formed, which are more considerable in Children, than in Adults.

459. THE lower part of the Bladder, which deserves the name of Fundus much better than the upper Part, is perforated by three Openings, one anterior, and two posterior. The anterior Opening is formed by an Elongation of all the proper Coats, in form of a Gullet, turned much in the same manner with the inner Orifice of the Rostrum of the Head of an Alembic. This Elongation is called the Neck of the Bladder, the Description of which belongs to that of the Parts of Generation in Men.

460. THE other two Openings in the true Fundus of the Bladder, are formed by the Ureters, which in their Course downward already described, run behind the Spermatic Vessels, and then behind the lower part of the Bladder, approaching each other. Each Ureter lies between the umbilical Artery, and Vas Deferens of the same side, the Artery lying on the outside of the Ureter, and the Vas Deferens on the inside.

461. AFTERWARDS they get between the Vasa Deferentia and the Bladder, crossing these Canals; and then at about a Finger's breadth from each other, they begin to pierce the Coats of the Bladder. They run a little way between the muscular and nervous Coats, and open into the Bladder obliquely, something nearer each other, than when they first entered its Coats.

462. THE Orifices of the Ureters in the Bladder are something oval and narrower than the Cavity of the Ureters immediately above them. The Edge of these Orifices is very thin, and seems to be formed merely by the Union of the internal Coat of the Bladder, with that of the Ureters.

463. THE Arteries of the Bladder are furnished by the Hypogastric or Iliacæ internæ, being Rami of the Arteria Sciatica, Epigastrica and Umbilicalis on each side. The Veins come from those of the same Names with the Arteries.

Blood-Vessels and Nerves of the Bladder.

464. THE Nerves of the Bladder come from the Crurales, and also from the Sympathetici Maximi, by means of their Communication with the Crurales. It has likewise some Nerves from the Plexus Mesentericus inferior.

465. BESIDES the Ligaments already mentioned, there are likewise two small ones, by which the anterior part of the true Fundus of the Bladder is connected to the Ossa Pubis, which shall be described with the Neck and Sphincter, after the History of the Parts of Generation in both Sexes; and I refer to the same place, all that relates to the Connexion of the Bladder with the other neighbouring Parts.



*Situation in  
general, and  
Division of  
these Parts.*

*The sper-  
matic Ves-  
sels.*

465. The Arteries contain the same winding Course within these Vessels, as the Veins; and at length they terminate by Ramifications in the Epididymes.

466. The Parts of Generation in Males are of different kinds, some of them being wholly contained in the Abdomen, and others lying without it. From this Situation, they might properly enough be divided into external and internal Parts; and all those belonging to the first Class might be described before those of the second.

467. But as it is still more proper to have a regard to the Functions of these Parts, according to which, their Functions begin in some internal Parts, are continued in some external Parts, return again to the internal, and are finished in the external; I shall follow the same Order in describing them, and this is what I constantly observe in my publick Lectures.

468. The first of these four Classes comprehends the spermatic Veins and Arteries; the second, the Testes, Epididymes and Scrotum; the third, the Vasa Deferentia, Vesiculae Seminales, and Prostates; and the fourth, the Corpora Cavernosa, Urethra, Integuments, &c.

469. I formerly made a fifth Class out of some of these Parts, which I look'd upon as accompanying the rest; but I now think it better to include them all in the four Classes that I have mention'd.

470. The spermatic Arteries go out most commonly from the anterior Part of the inferior Aorta, near each other, and about an Inch lower than the Arteriae Renales. Their Origin sometimes varies; for I have observed them to arise from the Renal Artery; and sometimes they go off higher, lower or more laterally than is common, and each Artery has been seen to arise from different Places.

471. THEY run down obliquely in the posterior part of the Abdomen, within the cellular Substance of the Peritonæum, passing insensibly from behind, forward; and so parting gradually more and more from the Aorta, they cross over the fore-side of the Ureters, and run through the Openings or Rings of the abdominal Muscles, along with the Elongations or Productions of the cellular Portion of the Peritonæum.

472. THEY are small at their Origin, and in their Course downward, they give off pretty considerable lateral Ramifications, to the Membrana Adiposa, Peritonæum, and also to the Mesentery, where they seem to communicate with the Mesenteric Arteries.

473. THEY sometimes pass through the Arcolæ, or Meshes of the spermatic Veins; and before they go out of the Abdomen, they are divided into very fine Rami, which run in a more or less winding Course, almost parallel to each other.

474. AFTERWARDS they enter the cellular Productions of the Peritonæum, which serve them for Vaginae. They do not fluctuate indifferently from one side to the other of these Vaginae; but are connected along their inner Surface by thin membranous Laminæ, which are likewise Continuations of the cellular Substance of the Peritonæum.

475. THE Arteries continue the same winding Course within these Vaginae, passing before the Vasa Deferentia, which are likewise contained in them; and at length they terminate by Ramifications in the Epididymes and Testes, in the manner that shall be afterwards explained.

476. The spermatic Veins accompany the Arteries, and have nearly the same Course. The right Vein arises commonly from the Trunk of the Vena Cava, in the same manner as the Artery from the Aorta; and I have sometimes observed it to go out from the Union of the right Renal Vein with the Vena Cava, and sometimes I have seen three Veins on the right side, go out separately from the Trunk of the Vena Cava. The left spermatic Vein arises most commonly from the Vena Renalis Sinistra.

477. In their Course downward, they first join the Arteries, and together with them, enter the cellular Productions of the Peritonæum, to which they are connected in the same manner. From their Origin to their Passage through the Openings or Rings of the abdominal Muscles, they send off several Rami to the Membrana Adiposa of the Kidneys, Peritonæum and Mesentery, where they seem to communicate with the Vena Mesenterica, and consequently with the Vena Portæ.

478. A little below the place where they cross over the Ureters, they send out a considerable Branch, which is afterwards divided into two Rami, one of which communicates with the Vena Capularis, and the other sometimes with the Renalis; and lower down they give out the Vein, which communicates with the Vena Mesenterica, as already observed.

479. They differ from the spermatic Arteries, not only in that they are larger, and their Coats thinner, but also in being more divided and multiplied, as they descend to the Rings of the abdominal Muscles; and as they gradually produce a large Fasciculus of Ramifications, the Ancients gave to them and to the Arteries, the Name of Vasa Pyramidalia.

480. These Ramifications often communicate with each other in this Course, and form a great number of Areolæ, Contortions and Convolution, so as to represent a kind of Plexus, which is connected to the cellular Vagina of each side, by very fine Laminae; and the Artery which accompanies the Vein, crosses it in several places, and runs through the Areolæ in different Directions. These frequent Convolution gave rise to the Name of Vasa Pampiniformia, formerly given to these Vessels; and their particular Adhesions to each other at some places, made it be believed, that there were real Anastomoses between the Artery and the Vein.

481. *Leol Lealis* an Italian Anatomist not attending to the lateral Ramifications of the spermatic Arteries and Veins, believed himself able to establish and demonstrate these pretended Anastomoses. The Experiments made by him on living Animals, prove nothing. His way was to make a common Ligature on both Vessels, a little above the Testicle, and another on the Trunk of the Vein, after he had emptied it. Then pressing the Aorta to force the Blood into the spermatic Artery, the Vein which he had before emptied, was found to be presently filled.



Testes.

482. From thence he concluded, that the Course of the Blood to and from the Testicle being obstructed by the interstices of Ligaments, where most of the former Anatomists heretofore the two Ligaments, through which the Vessels were supplied with Blood. But it is very plain, that this Effect was owing to the lateral Ramifications of the spermatic Artery and Vein, and not to his pretended Anastomosis. These fine lateral Ramifications were well known to *Rubiacinus*, but had escaped *Ezek. Evelyn*, who gave a false account of them.

483. THE Testes are two glandular Bodies, situated near each other, within the Abdomen, below the Intestine between the Groins in an Adult. The Ancients named them Didymi or Gemini. Their form is nearly that of a Pigeon's Egg, and they are of an oval Figure, a little flattened at each end. We may consider in each Testicle, two Extremities, two Edges, and two Sides. One Extremity is situated forward, and a little upward, the other backward, and a little downward; and their Edges lie upward and downward.

484. At the upper Edge, they have each an Appendix, called Epididymis, together with which it is involved in several Coverings; and they are both suspended in a common Covering, called the Scrotum.

485. EACH Testicle is a spermatie Gland formed by a vast number of fine whitish Tubes, folded and twisted in different manners, and distributed in different Fasciculi, between membranous Septa; the whole being surrounded by a strong common Covering, named Tunica Albuginea.

486. THESE Septa are disposed longitudinally, diverging from each other on one side, and approaching on the other. They approach each other along one Edge of the Testicle, and terminate in a long narrow whitish Body, as in a kind of Axis.

487. FROM thence they diverge in a regular manner, and are fixed by their opposite Edges in the inner Surface of the Tunica Albuginea, of which they appear to be a Continuation. This white Body may be termed the Nucleus of the Testicle.

488. FROM this Description, we see that all these Septa are not of an equal Breadth; that the Interstices between them are in some measure triangular; and that the Extent of the small Tubes, which lie therein, must be very considerable. They have been reckoned to amount to many Ells, by taking the Sum of all their several Portions; and they may be easily unfolded by a long Maceration, which destroys the delicate Substance by which all their Folds and Convolutions are connected and tied down.

489. ALL these small Canals seem to terminate by a smaller number of common Trunks at the white Body or Nucleus already mentioned; which Trunks do afterwards pierce the upper part of the anterior Extremity of the Testicle, and are disposed in several Folds along the lateral external Part of the upper Edge, all the way to the posterior Extremity. From this Union arises a long whitish, plaited Fasciculus or Bundle, called Epididymis, which is a Greek Term signifying an Appendix to the Testicle.

Epididymis.

490. THE Epididymis thus formed, may be reckoned a Production of the Testicle, or a kind of Testis Accessorius; and it resembles in some measure an Arch

Arch supported by its Centre or Frame. It is more contracted in the middle, than at the Extremities, by which it is closely united to those of the Testicle.

491. **THE Epididymis** is a small body, which does not immediately touch the Testicle, but is only loosely connected to it, by the Duplication of a very fine and almost insensible Membrane, as by a kind of Ligament. This Membrane is the Continuation and Duplication of the Tunica Albuginea or proper Coat of the Testicle, which having supplied the place of a Ligament to the Epididymis, afterwards invests it.

492. **THE Epididymis** is flat, a little concave on the under side, of the next the Testicle, irregularly convex on the upper side, or that turned from the Testicle; and these two sides are distinguished by two angular Edges, by the innermost of which, it is connected to the Testicle, in the manner already said, but the outer Edge and flat side are loose and free.

493. **THE anterior Extremity or Head** of the Epididymis arises from the Testicle; and the posterior Extremity or Tail, which likewise adheres very closely to it, is incurvated from behind, forward, and a little upward, and contracting by degrees, forms a particular Canal, termed Vas Deferens, which shall be described after the Scrotum. By this Description of the Extremities and Edges of the Epididymis, I demonstrated many Years ago, a Method to discover whether a Testicle view'd extra Situm belongs to the right or left side.

494. **THE Scrotum** is the Cutaneous Covering of the Testes. Outwardly, it is a Bag common to both, formed by a Continuation of the Skin of the neighbouring Parts, and commonly very uneven, having a great number of Rugæ on its outer Surface. Interiorly it is fleshy, and forms a muscular Capsula for each Testicle, termed Dartos.

495. **THE exterior or cutaneous Portion** of the Scrotum is nearly of the same Structure with the Skin in general, of which it is a Continuation; only it is something finer, and it is likewise plentifully stored with sebaceous Glands and Bulbs or Roots of Hairs.

496. **THO'** it is a common Covering for both Testicles, it is nevertheless distinguished into two lateral Parts by a superficial and uneven prominent Line, which appears like a kind of Suture, and from thence has been termed Raphe.

497. **THIS Line** is a Continuation of that which divides in the same manner, the Cutaneous Covering of the Penis, and it is continued through the Perinæum, which it divides likewise, all the way to the Anus. It is only superficial, and does not appear on the inside of the Skin.

498. **THE inner Surface** of this cutaneous Bag is lined by a very thin cellular Membrane, through which the Bulbs and Glands appear very distinctly when we view its inside. The Rugæ of the Scrotum are in the natural State commonly a mark of Health, and then its Size is not very large. It increases in Size, chiefly according to its length, and then the Rugæ disappear more or less according to the Degrees of the preternatural State or Indisposition.



499. THE Dartos or fleshy Portion of the Scrotum, is a true cutaneous Muscle; the Fibres of which are for the most part strongly connected to the Skin, running through the cellular Substance, which lies between these two Portions in place of a Membrana Adiposa, but without the least Appearance of Fat. This Muscle is thin, and by the Disposition of its Fibres forms a Bag with two Cavities, or two small Bags joined laterally to each other, and contained within the cutaneous Portion.

500. The lateral parts of these two Bags, which are turned from each other, are longer than those which are joined together; and by this Union a Septum is formed between the Testes, which may be called *Mediastinum Scroti*.

501. The Raphe or Suture already mentioned adheres to the Edge of this Septum, and thereby braces down the middle of the cutaneous Portion, which from thence appears to have in part two Cavities; and this was perhaps what gave occasion to make the French Word for the Scrotum to be in the plural Number. The other Edge of the Septum adheres to the Urethra.

502. The two Bags of the Dartos are lined on the inner or concave side, by a cellular Substance more considerable than that between the convex side and the Skin; so that the fleshy Fibres, all the way to the Septum, lie between two cellular Strata. They run through the outer Stratum, as has been said, to be inserted in the Skin, and by their Contraction, they form the natural Ruge of the Scrotum.

503. THESE fleshy Fibres have likewise a strict Connection with the internal cellular Membrane, especially at the upper part, below the Groin, where the anterior and external lateral Portions of the Dartos terminate by a kind of tendinous or ligamentary Expansion, which is strongly united to the internal cellular Membrane. I have often shown this, as a particular Fascia Lata, which gives Insertion to the Portions of the Dartos just mentioned, and as a broad Frænum which keeps the same Portions together.

504. THE aponeurotic or ligamentary Expansion of the Dartos is fixed in the Ramus of the Os Pubis, between the musculus Triceps and the Origin of the Corpus Cavernosum of the same side, which shall be described hereafter; all the way to the lower part of the Symphysis of these Bones. The internal Portion of these muscular Bags, or that which forms the Septum Scroti is fixed to the Urethra by means of a Communication between the same ligamentary Expansion, and another, which shall be explained in its proper place.

*Vasa Deferentia.*

505. THE Vasa Deferentia are two white solid flattened Tubes, one lying on the right Side, the other on the left. From the Epididymis of which they are Continuations, as has been already said, each of them runs up in the cellular Vagina of the Spermatic Vessels, as high as the Openings in the abdominal Muscles; the Blood-Vessels lying forward, and the Vas Deferens behind them.

506. THIS Fasciculus thus formed by the Blood-Vessels, Vas Deferens, and their common Covering, is termed the Spermatic Rope. The Covering

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ing is smoother on the outer than on the inner side, and for that reason it has been looked upon as a Vagina; the internal Substance of which is most cellular, and connects all the Vessels together, while the external forms a Covering to invest them.

507. THE Vas Deferens having reached the membranous Lamina of the Peritonæum, where that Lamina runs over the Orifice of the Vagina, separates from the Blood Vessels, and runs backward, in form of an Arch, in the cellular Substance of the Peritonæum, as far as the nearest side of the Bladder.

508. It passes afterwards behind the Body of the Bladder to which it adheres very closely, as also to the Lamina of the Peritonæum which covers it, and then continues its arched Course towards the Neck of the Bladder, where both Vasa Deferentia meet, and their Arches terminate.

509. In this Course, the Vas Deferens passes behind and crosses the neighbouring umbilical Artery, crosses the Extremity of the Ureter of the same side, in its passage between that Extremity and the Bladder, and having got behind the Bladder, it meets the Vas Deferens of the other side, between the Insertions of the Ureters, and they run down together to the Neck of the Bladder.

510. THIS Canal, which at the Origin of the Epididymis is pretty large and plaited, becomes immediately afterward smaller and smoother, and continues in that form till it gets behind the Bladder, where it begins again to be larger and more uneven.

511. It arises from the angular Portion or posterior Extremity of the Epididymis, and from thence runs forward in a very oblique Course, on the posterior half of the Epididymis, where it is a little incurvated as it joins the backside of the Spermatic Vessels.

512. THE Texture of the smooth Portion of this Canal is very solid, and in a manner Cartilaginous, especially near the Surface of its Cavity, which though very narrow, is still kept open by means of the Solidity and Thickness of its Sides.

513. THE Cavity of the Vas Deferens is Cylindrical, though the whole Tube is flat, and its external Circumference oval, as may be seen by cutting it transversely; and the Cavity enlarges as it passes behind the Bladder. The termination of these Canals must be referred to the History of the Urethra.

514. THE particular Coverings of the Testes are commonly called Coats; *Coats of the Testes.* and they are reckoned to be three in number; the Tunica Musculosa, named Cremaster, Vaginalis and Albuginea. The first two are common to each Testicle, and to the Spermatic Rope that belongs to it; and the third is peculiar to the Testicle alone.

515. THE Tunica Vaginalis is the most considerable of the three, and must be described first, in order to conceive the Structure and Connexion of the Cremaster, which is very improperly called a Coat. The Albuginea has been already described with the Testes.

516. THE Tunica Vaginalis is a Continuation of the Vagina of the Spermatic Rope, which, as it approaches the Testicle, is gradually dilated, and forms



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forms two Capsule, one contained within the other, the external being the largest and broadest at bottom; so that there is a void Space there left between them, in which the Testicle is lodged.

517. This Structure may likewise be explained in the following manner. The Vagina having reached as low as the Testicle, is divided into two Laminae, the innermost of which is the Bottom of the Vagina, and the outermost is expanded round the Testicle, and gives it a Coat, called Vaginalis from the *Latin Word Vagina*. The Ancients termed it likewise Elythroides from a *Greek Word* that signifies the same thing.

518. The inner Surface of this Coat is lined by a fine Membrane, which strengthens the Bottom of the Vagina, and forms a kind of Diaphragm, which prevents all Communication between the Vagina of the Spermatie Rope and the Tunica Vaginalis of the Testicle.

*Cremaster.*

519. The Cremaster improperly termed a Coat, is a thin Muscle or fleshy Plane, which runs down round the Vagina of the Spermatie Rope and terminates in the Tunica Vaginalis of the Testicle.

520. It surrounds almost the whole Vagina, and afterwards expands itself on the upper and external part of the Tunica Vaginalis, in which it is inserted and lost.

521. It arises partly from the Ligamentum Fallopii, and partly from the lower Edge of the internal oblique Muscle of the Abdomen; and on this account, it seems sometimes to arise from the Spine of the Os Ilium; and it is probable that the Musculus Transversalis likewise contributes something to its Formation.

522. It is covered by a very fine cellular Membrane, detached from the outside of the Aponeurosis of the Obliquus Externus, round the Opening commonly called the Ring. This Membrane is lost in the cellular Substance of the inside of the Dartos.

523. FROM all this we see that the Cremaster is rather a Muscle of the Tunica Vaginalis, than a particular Coat. Those among the Ancients who believed it to be a Coat, called it Tunica Erythroides, from a *Greek Word* which signifies red; but this Muscle is not always red, neither is that Colour essentially necessary to a fleshy Substance.

*Corpora Cavernosa.*

524. The Corpora Cavernosa are two ligamentary and very limber Tubes, united laterally to each other, through the greatest part of their length, and solid at their two Extremities, two of which are connected together, and rounded like the end of a Finger; the other two divaricate, like the Branches of the *Greek Y*, and diminishing gradually in Size after the Divarication, terminate in an oblique Point. These divaricated and pointed Extremities may be called the Roots, and the round Extremities, the Heads.

525. THESE two Bodies are almost Cylindrical, being round, and of an equal Diameter from the Roots to the Heads, where they are in some measure Conical. The ligamentary Substance of their sides is Elastic, and composed of fine close Fibres, which are partly transverse, and partly more or less oblique.

526. THE Cavity of these ligamentary Tubes is intirely filled by a strong cellular or cavernous Substance, which does not seem to be a Continuation of the Substance of the Sides. These Cells communicate with each other, and are always more or less full of Blood, resembling pretty much the cellular Substance of the Spleen, only with this difference, that the sides of the Cells are thicker in these cavernous Bodies, and without any additional Substance.

527. By the Union of the two Corpora Cavernosa, two external Grooves are formed, one on the upper side, the other on the lower. The lower Groove is something broader than the upper, and it is filled through its whole length by a third Tube, narrower than the Corpora Cavernosa, called the Urethra, which shall be presently described.

528. THE Roots of the Corpora Cavernosa are fixed each, to the Edge of the small Ramus of the Os Ischium and Os Pubis. They meet at the Symphysis of the Ossa Pubis, where each of them becomes a Cylindrical Tube, and unites with the other in the manner already said.

529. THE Heads or rounded Extremities join the Basis of a distinct Body, called the Glans, which is an expansion of the Urethra, and closely united to it in the manner that shall be explained hereafter.

530. By the Union of the Corpora Cavernosa from their Roots to their round Extremities or Heads, a particular Septum is formed by the transverse Fibres of both. Between the Fibres of this Septum, several small void Spaces are left, by which the Corpora Cavernosa communicate with each other, and therefore by blowing into one of them, we presently inflate the other. Toward the rounded Extremities, the Septum diminishes every way.

531. THE Urethra is the third spongy Tube which composes the Penis, *Urethra.* and it adheres to the Corpora Cavernosa through the whole length of the inferior Groove formed by their Union. It differs from the other two, both as it is narrower, and as it forms a true hollow Canal. Its Substance is Spongy or Cavernous, except a small Portion next the Bladder, and its inner and outer Surfaces are membranous.

532. It is at first no more than a membranous Canal continued from the anterior Opening of the Bladder, at the place called the Neck of the Bladder, which is a name that would be more proper for this Portion of the Urethra.

533. ABOUT a Finger's breadth and an half from its Origin, it joins a cavernous Substance like that of the two other Tubes, only smaller, which surrounds it through the whole extent of the inferior Groove of the Corpora Cavernosa.

534. BUT before this spongy Substance begins to surround the Urethra, it forms a distinct oblong Body, like a Pear or Onion, which is connected only to the lower convex side of the Canal, and afterwards being split on each side, invests it quite round. This Body is called the Bulb of the Urethra, being larger than any other part of that Canal, and divided interiorly



*Prostate.*

by a very fine membranous Septum, into lateral Parts; and therefore when this is inflated, it appears to be double or with two Heads. The first Portion of the Urethra, or that which is not covered by the cavernous Substance, and which from the Bladder to the Bulb is a membranous Canal, is sustained by a large solid whitish Mass, of the figure of a Chestnut, and situated between the Bladder and the Bulb of the Urethra, its Basis being toward the Bladder, the Apex or Point toward the Urethra, and the Sides lying upward and downward.

*Calculus.*

536. THIS Body is termed the Prostate, from a Greek Word that expresses its Situation before the Vesiculae Seminales, and implies a Plurality, because it appears to be divided into two lateral Lobes, by a hollow Groove, which runs through its upper side from the Basis to the Apex. The first Portion of the Urethra lies in this Groove, adhering very closely to the Prostate, which surround it.

537. THE Body of the Prostate lies on the Intestinum Rectum, and the Apex is under the internal Labium of the cartilaginous Arch of the Ossa Pubis. The inner Substance is spongy, but very compact, and in each Lobe there are several Folliculi which open into the first Portion of the Urethra, toward the bottom of the Groove, as we shall see hereafter. The small Portion of the Urethra, between the Apex of the Prostate and the Bulb, perforates the Interosseous Ligament of the Ossa Pubis described No 183. This Portion is very short, its length being no more than what is sufficient to pass through the Hole in the Ligament, the backside of which consequently touches the Apex of the Prostate, and its fore-side, the Bulb of the Urethra. This Portion might be called the Neck of the Urethra, and that which lies between the Body of the Bladder and the Prostate might be called the Neck of the Bladder.

*Glans.*

538. THE spongy Substance of the Urethra having reached the Extremity of the Corpora Cavernosa, forms a large Head, called the Glans, which crowns the three spongy Pillars, with this difference however, that it is a Continuation of the spongy Substance of the Urethra, and only adheres to the Extremity of the Corpora Cavernosa without any direct Communication.

539. IT is for this reason that if we blow into the spongy Substance of the Urethra, the Glans is presently inflated, and no Air passes into the Corpora Cavernosa; but when we blow into one of these Bodies, the Air passes immediately into the other, the Urethra and Glans remaining as they were.

540. THE Figure of the Glans is that of a rounded Cone, a little flattened at the lower part, and with an oblique prominent Basis, the Circumference of which is something greater than that of the Corpora Cavernosa.

541. THE spongy Substance of the Glans is thick and uniform next the Corpora Cavernosa, but next the Urethra, it is perforated by a Continuation of that Canal, and is there no thicker than the Urethra before the Formation of the Glans.

540. THEREFORE the Canal of the Urethra does not lie in the middle of the Glans, but continues its direct Course through the lower flat side of it; all the way to the Extremity, where it terminates by an oblong

541. And the convex Surface of the Gland is covered by a fine villous Substance, and that again by a fine Membrane, resembling the red part of the Lips. The Circumference of the Basis of the Gland has a double row of small Papillæ, which may be reckoned sebaceous Glands, from which a thick Matter is discharged.

544. We have several things to take notice of in the Cavity of the Urethra. At the bottom of the Cavity of the first Portion of that which lies within the Prostate, there is a small oblong Oval Eminence, pretty large on the back part, and terminating forward in a Point, called Caruncula or Verumontanum. The large Portion of it is commonly perforated by two Holes, sometimes only by one, and very seldom by three; and these are the excretory Orifices of the Vesiculæ Seminales, of which hereafter. Each Orifice has a small thin membranous Border, which may serve for Valves to the excretory Ducts of the Vesiculæ.

545. ON each side of the large Portion of the Caruncula, there are five or six Holes ranked in form of a Crescent round its lateral Parts; which are the Orifices of the excretory Ducts of the Prostate that come from the Folliculi already mentioned, and run in an oblique Course to the Orifices, in a kind of membranous Duplicature.

546. THE Vesiculæ Seminales are soft whitish knotted Bodies, about three or four Fingers breadth in length, one in breadth, and about three times as broad as thick, situated obliquely between the Rectum and lower part of the Bladder, in such a manner, as that their superiour Extremities are at a distance from each other, and their lower Extremities united between those of the Vasa Deferentia, of which they imitate both the Obliquity and the Incurvation.

547. THEY are irregularly round on the upper part, and their breadth decreases gradually from thence. By the Union of their lower Extremities, they form a kind of Fork, the Branches of which are broad, and bent like Rams Horns. These Extremities are very narrow, and form a small Neck, which runs behind the Bladder toward its Orifice, and continues its Course in the Groove of the Prostate, through the Substance of the contiguous Portion of the Urethra, till its Extremities pierce the Caruncula in the manner already said.

548. THE inner Substance of the Vesiculæ is plaited, and in a manner distinguished into several Capsulæ, by contorted Folds. Their external Surface is covered by a fine Membrane, which serves for a Border and Frænum to the Folds, and is a true Continuation of the cellular Substance of the Peritonæum. The Vesiculæ may easily be unfolded, and all their Contortions streightened, and by this means they become much longer than in their natural State.



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549. The inner Surface is villous and glandular, and continually furnishes a particular Fluid, which exalts, refines, and perfects the Semen, which they receive from the Vasa Deferentia, and of which they are the Reservoirs for a certain Time.

550. The Passage of the Vasa Deferentia into the Vesiculae is very particular. I have already observed, that these Canals are incurvated behind the Bladder, and that their contracted Extremities unite at that place. They unite in an Angle, and run between the contiguous Extremities of the Vesiculae, and this Union is so close, that the adhering Portions seem to form only one middle Septum, between two small Tubes, each of which is formed partly by the Extremity of one Vas Deferens, and partly by that of the neighbouring Vesicula.

551. This lateral Union of the Extremities of the Vas Deferens, and Vesicula Seminalis on each side, forms likewise a kind of short Septum, which terminates in a Crescent, like a small semilunar Valve, and the Extremity of the Vas Deferens is narrower than that of the Vesicula. By this Mechanism, the Fluid contained in each Vas Deferens has liberty to enter the contiguous Vesicula, but that contained in the Vesicula cannot return into the other Canal.

552. If we blow into one of the Vasa Deferentia, after having compressed the Urethra, the Air inflates the contiguous Vesicula Seminalis, and the Bladder of Urine, without passing into the Vesicula, or Canal of the other side, except we blow with too great Violence.

553. AFTERWARDS the two small Tubes, formed each by the Extremities of the Vas Deferens and Vesicula, run in between the Basis of the Prostates, and Canal of the Urethra; and perforating the sides of that Canal obliquely, they terminate in the Caruncula, in the manner already said.

*Lacunæ of the Urethra.* 554. THE Inside of the Canal of the Urethra is lined by a fine Membrane, full of capillary Blood-Vessels; and its Surface is perforated by a great number of oblong Holes or small Lacunæ of different sizes, the largest lying near the Glands.

555. THESE Lacunæ, or Orifices of the excretory Ducts of the same number of small Glands, are dispersed through the Substance of the Urethra. Which Ducts run for some way in the spongy Substance, along the convex side of the internal Membrane of the Urethra, and open obliquely from behind, forward, into the great Canal. The Edges of the Lacunæ are semilunar, or like a Crescent, because of the Obliquity of their Opening.

*Anti-Prostate.* 556. A little way from the beginning of the cellular Substance of the Urethra, we meet with two Lacunæ more considerable than the rest, and their Ducts are very long. These Lacunæ and Ducts lead to two glandular Bodies, situated on the two convex sides of the spongy Substance of the Urethra near the Bulb. Each of them is about the size of a Cherry-stone, but they are oblong and flat, and covered intirely by the Muscles called Accelatores, of which hereafter. These two Bodies, are commonly called Prostatae inferiores; but if their Situation be carefully examined, they will be

be found to be higher than the true Prostate. There is a third Body of the same kind situated more anteriorly.

557. THE Cavity of the Urethra resembles nearly that of a small writing Pen. It is not every where round, and towards the Gland becomes broader and flatter on each side, especially in the Gland it self, where there is a kind of oval or navicular Fossula. *Orifice of the Urethra.*

558. THIS Canal terminates at the Extremity of the Glans by a narrow oblong Orifice or Fissure, which is much less than the rest of the Cavity. The Commissures of this small Fissure, are turned one toward the convex, the other toward the flat side of the Glans; and the Labia of the Fissure are its lateral Parts; and it seems to be surrounded by fleshy Fibres.

559. THE Integuments which cover all these Parts, are three or four in number. The first is the Skin with the Cuticula; the second is the common cellular Membrane, which in this place seldom contains any Fat; the third is termed Nervous; and the fourth is a particular cellular Membrane, which is not always to be found. *The common Integuments.*

560. THE first of these Integuments, the Skin, is a Continuation of that of the Pubis and Scrotum, and it adheres to the second all the way to the Basis of the Gland, where that second Integument ends. The rest of the Cutaneous Integument covers the Glans without adhesion, and terminates by an Opening. This Portion is named Præputium, and along the whole lower or back side, both of the whole Integument in general, and of the Præputium in particular, there runs a fine Suture, which is a Continuation of the Raphe of the Perinæum and Scrotum. *Præputium.*

561. THE inner Surface of the Præputium is lined with a fine Membrane from the Opening all the way behind the Basis of the Glans, and the same Membrane is folded from behind, forward, round the Glans, forming the proper Integument thereof, and covering very closely its whole villous Surface, as far as the Orifice of the Urethra, where it joins the Membrane, which lines the inside of that Canal.

562. THIS proper Membrane of the Glans, and internal Membrane of the Præputium, form conjointly along the flat part of the Glans, from its Basis to the Orifice of the Urethra, a membranous Duplicature, which like a Septum or Mediastinum divides this part into two lateral Portions, and limits the Motions of the Præputium; for which reason it is called Frænum Præputii.

563. THE Surface of the internal Membrane of the Præputium discharges a Fluid which prevents it from adhering to the Glans; and perhaps serves likewise to dilute that which is collected at the Basis of Glans, from the Glandulæ Sebaceæ, already mentioned.

564. THE second common Integument of these Parts, is nearly the same with what is every where found under the Skin, except that it is not filled with Fat, and that it is more fibrous than cellular, and a little loose. It accompanies the Skin to the Basis of the Glans, as has been already observed.



*Ligamentum  
Suspensorium.*

565. THE third common Integument, improperly called *Tunica Nervosa*, is of a firm, elastic, ligamentary Substance, and its Fibres are sometimes of a yellowish Colour. It invests the *Corpora Cavernosa* and *Urethra* from the Glans to the Symphysis of the *Ossa Pubis*, and at some distance from these Bones, it forms on the superior Groove of the *Corpora Cavernosa*, a double Duplicature; and by this Duplicature, a flat broad Ligament, which runs directly upward, and is inserted in the fore-mentioned Symphysis, as far as the tendinous Basis of the *Musculi Pyramidales* of the Abdomen.

566. THIS Ligament has been called *Ligamentum Elasticum*, because it yields and recovers it self; and *Suspensorium*, because it supports these Parts, by means of its Insertion in the Symphysis. It sends off a Duplicature or Ala toward each side, one Edge of which is fixed between the *Musculus Triceps* and the *Corpus Cavernosum*, and forms the ligamentary Expansion in which the *Dartos* is inserted, as has been already said. It seems likewise to send down another Elongation directly to the *Perinæum* and *Anus*.

567. THE fourth Integument of these Parts is the *Tunica Cellulosa* of *M. Ruysch*, which immediately surrounds the *Corpora Cavernosa* and *Urethra*, lying between these and the third Integument from which it seems to be distinguished only by the Closeness and Fineness of its Texture; and it is sometimes hardly perceivable.

*The Muscles.*

568. SEVERAL Muscles are inserted in the Parts, which we have described in this Paragraph. They may be reckoned to be ten in number, two for the *Corpora Cavernosa*, two for the *Urethra*, two common Muscles called *Transversales*, and four small ones for the *Prostata*.

569. THE first two Muscles are commonly termed *Erectores*, but might be more properly named *Ischio-Cavernosi*. The next two are called *Acceleratores*, but the name of *Bulbo-Cavernosi* would better agree to them. The four small Muscles, two of which are superiour, and two inferiour, may be called *Prostatici*. I observed in the beginning of the Description of the Muscles, that the Names taken from the supposed Uses are very equivocal.

570. THE *Musculi Ischio-Cavernosi* lie along the Roots of the *Corpora Cavernosa*; each of them being fixed by one Extremity very obliquely, in the internal Labium of the Ramus of the *Os Ischium*, from the Tuberosity upward. From thence it accompanies the Root of the *Corpus Cavernosum*, all the way to the Symphysis of the *Ossa Pubis*, and is fixed by its other Extremity, in the *Corpora Cavernosa*, near their Union; where the Fibres of both Muscles meet, and are reciprocally expanded over both *Corpora*. They lie a little lower, and more interiorly than the Roots of these Cavernous Bodies.

571. I have shown two other *Musculi Accessorii*, which I look'd upon as lateral *Acceleratores*, or as *Acceleratores Accessorii*; fixed lower, and more interiorly in the *Os Ischium*, than the former, which they accompany all the way to the *Corpora Cavernosa*, and then leaving them, they are inserted chiefly in the *Urethra*, near the Bifurcation of the *Musculus Bulbo-Cavernosus*.

572. **THE** Bulbous Cavernosi, commonly termed Acceleratores, form first of all, a Peniform Muscle, by means of a middle Tendon, fixed in the lower part of the Interosseous Ligament of the Os Pubis, described N<sup>o</sup> 184. and to the Union of the Musculi Transversales, with the Sphincters of the Anus. From which they pass in an expanded Form over the Bulb of the Urethra, covering that Bulb and the Urethra it self, and adhering in some measure, to both, as high as the Origin of the Ligamentum Suspensorium, the middle Tendon answering to the Septum of the Bulb.

573. **THE** two fleshy Planes separate, and run obliquely to the right and left Hands from behind, forward, and from below, upward; surrounding the Corpora Cavernosa, in the outer sides of which they are inserted. The middle Tendon adheres very strongly to the lower part of the Septum of the Bulb, in which, and in the Urethra it self, several of the Fibres of these Muscles are fixed.

574. **THE** Musculi Transversi, called also Triangulares, are two long, narrow, fleshy Fasciculi, inserted each, by one Extremity in the Root or Beginning of the Ramus of the Os Ischium; from whence they run transversely along the Edge of the Interosseous Ligament of the Os Pubis, as far as the Apex of the Prostates, where their other Extremities meet, and form commonly a kind of Digastrie Muscle, the middle of which gives Insertion to the Muscles of the Urethra, and to the Cutaneous Sphincters of the Anus.

575. **THE** superiour Prostatiei are two thin Planes fixed in the upper part of the inside of the small Rami of the Os Pubis, from whence they are spread over and inserted in the Prostates. Their Insertions in the Os Pubis are on one side of those of the Obstratores Interni.

576. **THE** Prostatiei inferiores are small transverse Planes, each of which is fixed in the Symphysis, between the Ramus of the Os Pubis and Os Ischium, and from thence runs transversely, till it meets its fellow from the other side under the Prostates, to which they are both strongly connected, and they serve like a Girth to sustain these Glands. They may be considered as two small or internal Transversales, and the other two Transversales may be distinguished by the Names of great or external. They have likewise some Adhesions to the Point in which all these Muscles hitherto described, are united.

577. **THE** Arteries of these Parts come chiefly from the Iliacæ Internæ Blood-Vessels, or Hypogastricæ, and the rest from the Iliacæ Externæ or Cruralæ. The principal Arteries are termed Pudicæ, of which one is external, the other internal.

578. **THE** Pudicæ externæ send a Branch to each side, which having passed out of the Pelvis by the side of the Os Sacrum, runs on the inside of the Tuberculum Ischii, to the Roots of the Corpora Cavernosa, along the inside of the Musculi Ischio-Cavernosi or Erectores. It sends Ramifications to the bulbous Head of the Urethra and to the Corpora Cavernosa, and together with the Glutea, with which it communicates in its passage, it likewise supplies the Scrotum.



579. THE Pudica Interna having furnished the Intercostales, Pectorales, Viscerales, Seminales and Prostatales, communicates with the Arteria Cavernosa, passes under the Arch of the Ossa Pubis, and partly follows the Corpora Cavernosa, and partly runs along their upper side, sending off small Arterial Branches, which surround these Bodies, like irregular Half-Arches, and penetrate them by numerous Ramifications.

580. THE Crural Arteries send each likewise a Branch, which running behind the contiguous crural Vein, is distributed to the Integuments of the Penis, by the Name of Pudica externa, and communicates by Mutual Ramifications with those of the Pudica interna. These Communications are not only between the internal and external Pudica of the same side, but also between those of both sides, which reciprocally communicate with each other.

581. THE Distribution of the Veins follows nearly that of the Arteries, but they have more Ramifications and Communications, as in other places. The principal Vein is that which passes directly under the Symphysis of the Ossa Pubis between the two Arteries, and runs along the whole superiour Groove, formed by the Union of the Corpora Cavernosa. It is very large, often double, and very seldom triple; but the Trunks do not separate, while in the Groove, and it has a great number of Valves.

582. THIS great middle Vein is formed by the Union of the Hypogastric Branches, which after passing on the two inner sides of the Pelvis, meet about the middle of the Arch of the Ossa Pubis. At this place we observe a venal Plexus, which covers the upper convex side of the first Portion of the Urethra, before it is surrounded by the spongy Substance.

583. THE spermatic Vessels, of which I have already described the Origin and Course all the way to where they go out of the Abdomen, having reached on each side, near the Testicle, are divided into two principal Fasciculi, one of which is larger than the other. The largest is the anterior, and is distributed through the Testicle, by a prodigious number of very fine capillary Ramifications, which accompany all the Convolutions and Folds of the small Canals.

584. THE other Fasciculus is posterior, and is distributed to the Epididymis in the same manner.

585. THE spermatic Artery is accompanied by a Ramus of the Epigastric Artery, which runs down on the side of it, as far as the Testicle, where they communicate reciprocally with each other. There is sometimes a small Ramus of the Hypogastric Artery, which accompanies the Vas Deferens to the Epididymis, and there communicates with the Arteria Spermatica.

Nerves.

586. THE Nerves of these Organs come from the Lumbares and Sacri, and they communicate with the Sympatheticus Maximus and Plexus Mesenterici. Near the Arch of the Ossa Pubis, they form together, on each side, a particular Rope, which passes under that Arch along the upper side of the neighbouring Corpus Cavernosum, near the Artery already mentioned.

587. In their passage over the Corpora Cavernosa, they send off a great many Rami, which surround these Bodies on all sides, between the Skin and

ligamentary

ligamentary Integuments, being so disposed, as that the Arteries lie between them and the middle Vein. They must be examined presently after the Skin has been raised, because when the Ramifications are dried by the Air, they disappear.

588. There are two Nerves which accompany the spermatic Rope, whereof one comes from the Nervi Lumbares, near the anterior Spine of the Os Ilium, which is incurvated in its passage out of the Abdomen through the Muscles, and serves to distinguish the Cremaster. The other Nerve comes from the Plexus Renalis.

589. There is likewise one Nerve on each side, which being produced from the Union of the second, third and fourth Pairs of the Nervi Sacri, especially from the third, goes out of the Abdomen above the Ligamentum Ischio-Sacrum, passes by the inside of the Tuberosity and small Branch of the Os Ischium, and is distributed to the Corpora Cavernosa, to the Muscles belonging to them, and to the neighbouring Parts.

#### §. 21. The Parts of Generation in Females.

590. THE Parts of Generation in Females, are several in number, some of them external, and some internal; and they are all subordinate to one principal internal part, called the Uterus. The other internal parts are the Tubæ Falloppianæ, Ovaria, Vasa Spermatica, Ligamenta Lata, the Ropes or Bands called Ligamenta Rotunda, and the Canal of the Uterus. The external Parts are the Pubis, the Alæ, Nymphae, Clitoris, Orifice of the Urethra, and Orifice of the Canal of the Uterus.

591. THE Uterus lies between the Bladder and Intestinum Rectum. It is a Body inwardly hollow, outwardly of a whitish Colour, of a pretty solid Substance, and except in time of Pregnancy, of the figure of a flat Flask, being in Adults about three Fingers breadth in length, one in thickness and two in breadth at one end, and scarcely one at the other. This Size varies according to the Age of the Subject.

592. THE broadest Portion is termed the Fundus, and the narrowest, the Neck. Its Situation is oblique, the Fundus being turned backward and upward, and the Neck, forward and downward; the broad sides lie next the Rectum and Bladder, and the narrow sides are lateral.

593. THE Cavity of the Uterus is flat, and resembles an oblong Triangle, the shortest side of which answers exactly to the Fundus, and the two longest sides lie one on the right hand, the other on the left, and they are all bent inward, or toward the Cavity formed by them.

594. Of the three Angles of this Cavity, the two which terminate the Fundus, are perforated each by a narrow Duct, which with difficulty admits a Hog's Bristle. The third Angle forms a flat Duct wider than the former, which perforates the Neck of the Uterus lengthwise, and terminates at the Extremity of that Neck, by a transverse Opening.

595. THIS Opening is termed, the internal Orifice of the Uterus; and in the natural State, is narrower than the Duct of the Collum Uteri, so that



only a small Stilet can be passed through it. At the Edge of this Orifice, are several small Holes, answering to the same number of glandular Corpuscles, which discharge a viscid Lymph.

596. THE inner Surface of the Cavity of the Uterus, is lined by a very fine Membrane, which at the Fundus or broad Portion is smooth and even, but in the narrow Portion which leads to the Orifice, it is wrinkled in a particular manner.

597. THE Portion of this Membrane, which covers the Bottom of the Cavity, is perforated by a great number of considerable Holes, through which small Drops of Blood may be observed to pass, when the whole Uterus is compressed; and sometimes it appears to have very small Hairs or Villi. Both these Villi and Holes are observed to be more or less tinged with Blood, in those Women who die in the time of their Menfes.

598. In the narrow part, which answers to the Collum, each side is divided into two lateral Parts, by a kind of prominent longitudinal Line, which is larger in the upper or anterior side, than in the lower or posterior.

599. ON each side of these two longitudinal Lines, there are Lines or Rugæ obliquely transverse, and disposed like Branches, the longitudinal Lines representing Trunks. Between and round these Rugæ, there are small Lacunæ, through which a mucilaginous Fluid is discharged that closes the Orifice of the Uterus. We observe likewise in the Interstices between the Rugæ, several transparent globular Corpuscles, which a modern Author took for a kind of Ova.

*Structure of  
the Uterus.*

600. THE Substance of the Body of the Uterus is spongy and compact, with a copious Intertexture of Vessels. Its Thickness is nearly equal and uniform in the Sides and Edges, but the Fundus is thicker toward the middle, than toward the two Angles, where the thickness decreases gradually. The Edges are likewise much thinner near these Angles, than near the Extremity of the Neck.

601. THE Uterus is covered by a Portion of the Peritonæum, which serves it for a Coat, and is the Continuation of that which covers the Bladder and Intestinum Rectum, running up from the lower and posterior part of the Bladder, over the anterior part of the Uterus, and from thence over the Fundus, and down the backside, and afterwards going to the Rectum.

602. ON each lateral Part or Edge of the Uterus, this Portion of the Peritonæum, forms a broad Duplitecture, which is extended on each side, more or less directly to the neighbouring lateral parts of the Pelvis, forming a kind of membranous Septum, between the anterior and posterior Halves of the Cavity of the Pelvis; and it is afterwards continued in a loose manner, with the Peritonæum, on the sides of the Pelvis.

*Broad Ligaments of the  
Uterus.*

603. THESE two broad Duplictures have the name of Ligamenta Lata, and Vespestilionum Alæ. The upper Edge of each, is partly double, or folded, forming two small distinct Duplictures, which I term the Pinions of the broad Ligaments. The anterior Pinion is more raised than the posterior, and they are both very loose.

604. THE Laminæ of all these Duplicatures are connected by a cellular Substance, in the same manner as the other Duplicatures of the Peritonæum, and they contain the Falloppian Tubes, the Ovaria, a part of the spermatic Vessels, and of those that go to the Body of the Uterus, the Ropes called the round Ligaments, the Nerves, &c.

605. THE Ovaria are two whitish oval, flat, oblong Bodies, situated on the sides of the Fundus Uteri, to which they are fixed by a kind of short round Ligament, and inclosed together with it, in the Duplicature of the posteriour Pinion of the Ligamenta Lata. Ovaria.

606. THEY are composed of a compact, spongy Substance, and of several little Balls, or transparent Vesiculæ, which are called Ova. The spongy Substance surrounds each of these Vesiculæ very closely, and seems likewise to furnish them with distinct spongy Coverings or Calices. These Vesiculæ are to be carefully distinguished from other preternatural ones, termed Hydatides.

607. THE Ligaments of the Ovaria, lie in the Edges of the posteriour Pinions of the Ligamenta Lata, much in the same manner as the umbilical Vein, in the anterior or umbilical Ligament of the Liver. They are round Ropes of a filamentary Texture, fixed by one Extremity to the Corner of the Fundus Uteri, a little above and behind the Level of that Fundus. They were formerly believed to be hollow, and look'd upon as Vasa Deferentia.

608. THE Falloppian Tubes are two flaccid, conical and vermiform Canals, situated more or less transversely on each side of the Uterus, between the Fundus and the lateral parts of the Pelvis, and included in the anterior Duplicatures or Pinions of the Ligamenta Lata. Tubæ Falloppianæ.

609. EACH of them is fixed by its narrow Extremity in the Corner of the Fundus Uteri, into which it opens, tho' by so narrow a Duct, as hardly to admit a large Bristle. From thence their Diameter augments by degrees all the way to the other Extremity, where it is about one third part of an Inch. The Body of the Tubæ goes in a winding Course, and their large Extremity is bent toward the Ovaria.

610. THESE large Extremities are irregularly round, and terminate by a narrow Orifice, a little plaited and turned toward the Ovarium, where it presently expands in form of a membranous Fringe, full of Plaits and Incisures. These Fringes are called the broad Ends of the Falloppian Tubes.

611. THE breadth of the Fringe is not equal in all parts. Its Circumference is in a manner oval, and the longest Segment of the Fringe reaches to, and is fixed in the Ovarium. The Folds are disposed like Laminæ on the concave side.

612. THESE Tubes are composed of fleshy Fibres, whereof some are longitudinal, and some obliquely circular, with an Intertexture of another very fine Substance.

613. THE anterior Pinions of the Ligamentum Latum serve for a common or external Coat to both Tubæ, and also to connect them, in the same manner as the Mesentery, connects the Intestines. From thence



the Tube, and especially their Fringes come to be loose, and their Direction to be very imperfectly determined in the greater part of the Tubes. The Uterine Cavity is lined by a soft glandular Membrane, which is plaited longitudinally, almost like the inner Surface of the Albuginea Arteria, and these Folds are stronger and broader near the great Extremities, than any where else. Their Substance seems to be spongy, and the Interstices between them are moisten'd more or less by a Fluid, which is continually discharged there.

Blood-  
Vessels.

615. THE Blood-Vessels of these Parts are of different kinds, viz. the Hypogastric Arteries and Veins, the Ramifications of which belong chiefly to the Body of the Uterus; the spermatic Vessels, and the two vascular Ropes, called Ligamenta Rotunda, which might be more properly termed the vascular Ropes of the Uterus or of the Ligamenta Lata.

616. THE Hypogastric Branches are arterial and venal Ramifications arising from the Artery and Vein of the same Name, which having reached the lateral Edges of the Uterus, are distributed to all the parts thereof, both internal and external, forming a great number of Incurvations and particular Intertextures.

617. THE Arteries of one side communicate both upon the Uterus, and through its whole Substance, with those of the other side, and the arterial Ramifications of each side form numerous Anastomoses with each other. The Veins communicate together on each side in the same manner; and all these Blood-Vessels communicate likewise with the spermatic Vessels, with the vascular Ropes of the Ligamenta Lata, and with the Haemorrhoidales.

618. THESE frequent Anastomoses may be demonstrated by injecting, or blowing into the Hypogastric Vessels, having first made proper Ligatures to prevent the Liquor or Air from running into other parts. The Extremities of these Arteries terminate and open into the Cavity of the Uterus, as has been already said; and there is this peculiar to the Veins, that they communicate with the Haemorrhoidales, and consequently with the Vena Portæ.

619. THE spermatic Vessels, have nearly the same Origin in Females, as in Males, and likewise the same Course and Intertextures; but they never pass out of the Abdomen, being wholly distributed to the Ovaria and Tubes, and they communicate with the Hypogastrics, and with the vascular Ropes of the Ligamenta Lata. The Veins are very large in proportion to the Arteries, and these Vessels send out lateral Ramifications, which seem to communicate with the Mesaraicæ and Vena Portæ.

620. THE vascular Ropes, commonly called the round Ligaments, are two long small Fasciculi of Arteries and Veins, interwoven and connected together by a fine cellular Substance, and they run in the great Duplicature of the Ligamenta Lata, from each Corner of the Fundus Uteri, as far as the annular Openings of the abdominal Muscles.

621. IN this Course, each Rope thrusts outward or raises the anterior Lamina of the Duplicature, which consequently gives a kind of Coat to these vascular Fasciculi, and makes them appear like distinct Ropes, connected to this foreside of the Duplicatures.

622. They seem to arise from the Communication between the Vasa Spermatica and Hypogastrica, and might be reckoned a particular Continuation of the Spermatic Vessels. The disposition of their Adhesions to the Angles of the Fundus Uteri, with respect to that of the Tubes and Ligaments of the Ovaria which lie all near each other, is this: The Tubes lie highest, the Ligaments of the Ovaria most backward, and the vascular Ropes forward, and a little lower than the Ligaments of the Ovaria.

623. AFTERWARDS they run in a Course, nearly resembling that of the Spermatic Vessels in Males, pass out of the Abdomen, through the Openings of the abdominal Muscles, and are lost in the Fat of the upper and middle parts of the Groins. It may be conjectured, that these Vessels furnish the Lacunæ, of which hereafter. As they pass out of the Abdomen, they are accompanied by a Production of the cellular Portion of the Peritonæum, as the Spermatic Rope in Men, and by a Fasciculus of fleshy Fibres, representing a kind of Cremaster.

624. BESIDES all the Vessels hitherto mentioned, we observe Nerves and Lymphatics, to which we may add the Lactiferous Ducts that are seen in an advanced Pregnancy. The Nerves come from the Lumbares, Sacri and Sympathetici Maximi, in the same manner as in Males. The Lymphatic Vessels run chiefly in the Coats continued from the Peritonæum. I shall in another place explain the Lactiferous Ducts, and also the particular Fibres which seem to be interwoven in the Substance of the Uterus in pregnant Woman, the innermost of which being disposed in a vortical or turbinated manner, gave occasion to *M. Ruysch* to describe them particularly by the name of *Musculus Uteri Orbicularis*. Nerves,  
Lymphatics, &c.

625. THE Pubis is that broad Eminence at the lower part of the Hypogastrium, between the two Inguina, on which Hairs grow at a certain age, called in *Latin* by the same name, and almost of the same kind with those found under the Axillæ. This Eminence is owing to a particular thickness of the *Membrana Adiposa* which covers the forepart of the *Ossa Pubis*, and some small Portions of the neighbouring Muscles. Pubis.

626. THE longitudinal Cavity which reaches from the middle and lower part of the Pubes, within an Inch of the Anus, was by the Ancients termed *Sinus & Ala*. *Sinus*; and they called the lateral parts of that Cavity, *Alæ* which is a more proper name than that of *Labia*, commonly given to them. The places where the *Alæ* are joined above and below, are termed *Commisures*; and may likewise be called the *Extremities* or *Angles* of the *Sinus*. Sinus &  
Ala.

627. THE *Alæ* are more prominent, and thicker above than below, and lie nearer each other below than above. They are chiefly composed of the Skin, cellular Substance and Fat. The exterior Skin is a Continuation of that of the Pubes and Inguina. It is more or less even, and furnished with a great number of Glandular Corpuscles, from which a whitish ceruminous Matter may be expressed; and after a certain age it is likewise covered in the same manner with the Pubes. 628.



628. THE inner side of the *Alæ* is something like the red Portion of the Lips of the Mouth; and it is distinguished every where from the external side by a kind of Line, in the same manner as the red Portion of the Lips from the rest of the Skin; being likewise thinner and smoother than the outward Skin. A great number of Pores are observable in it, and also numerous Glandular Corpuscles which furnish a Liquor more or less Sebaceous; and these Corpuscles are larger near the Edges than in the other parts.

*Lacuna.*

629. NEAR the inner Edge of the inner Surfaces of the *Alæ*, on each side of the Orifice of the Canal of the Uterus, we find a small Hole more visible than the rest. These two Holes are termed *Lacunæ*; and they communicate by two small Ducts with the same number of Follicular Bodies lying in the Substance of the *Alæ*, and which may be looked upon as small Prostates answering to the *Glandulæ Prostaticæ* in Males. When compressed they discharge a viscid Liquor.

630. ABOVE the superiour Commissure, a thin flat Ligament runs down from each small Branch of the *Ossa Pubis*, which penetrates the Fat in the Substance of each *Ala*, and is lost therein insensibly near the Edge. These may be look'd upon as the *Ligamenta Suspensoria* of the *Alæ*. The inferiour Commissure of the *Alæ* is very thin or like a membranous Ligament, and together with the neighbouring parts of the inner Sides, it forms a *Fosula*, termed *Navicularis* or *Scaphoides*. The Space between the inferiour Commissure and Anus, termed *Perinæum*, is about a large Finger's breadth in length.

631. THE other external parts are situated in the *Sinus*, and hid by the *Alæ*. Directly under the superiour Commissure lies the Clitoris, with its Covering, called *Præputium*. A little lower is the Orifice of the Urethra; and below that is the Orifice of the great Canal of the Uterus. The Circumference of this Orifice is bordered either by a membranous Circle, called *Hymen*, or by fleshy Portions, termed *Carunculæ Myrtiformes*. On each side of the Clitoris begins a very prominent Fold, like a *Crista*, which runs down obliquely on each side of the Orifice of the Urethra. These Folds are termed *Nymphæ*, and they might likewise be named *Cristæ Clitoridis*. On each side of the great Orifice lies the small Prostatic Hole already described.

*Clitoris.*

632. THE Clitoris appears at first sight like a small imperforated Glans. Its upper and lateral sides are covered by a kind of *Præputium*, formed by a particular Fold of a Portion of the inner side of the *Alæ*; which appears to be Glandular, and to discharge a certain Moisture, and its inside is granulated.

633. BY dissection, we discover in the Clitoris a Trunk and two Branches, as in the Penis, made up of a spongy Substance, and of very elastic Coats, but without any Urethra. This Substance may be inflated either by Air or by anatomical Injections into the Artery, &c. The Trunk is divided into two lateral parts by a middle Septum, from the Bifurcation, to the Glans, where it is insensibly lost.

634. THE Bifurcation of the Trunk is on the Edge of the cartilaginous Arch of the *Ossa Pubis*; and the Branches which resemble the Roots of the *Corpora Cavernosa* are inserted in the inferior Rami of these Bones, and in those of the *Ossa Ischium*, where they terminate by degrees; but there is sometimes a membranous Tube on each side, which reaches to the Tuberosity of the *Ischium*.

635. THE Trunk of the Clitoris is sustained by a *Ligamentum Suspensorium* fixed in the Symphysis of the *Ossa Pubis*, and containing this Trunk in its Duplication, nearly as in the other Sex.

636. FOUR Muscles or Fasciculi of fleshy Fibres are inserted in the Trunk of the Clitoris, two on each side. One of them runs down on the fore-side of the neighbouring *Corpus Cavernosum*, and is inserted by a tendinous or aponeurotic Portion, partly in the Extremity of the *Corpus Cavernosum*, and partly in the Tuberosity of the *Ischium*. These two Muscles are called *Erectores*, but the name of *Ischio-Cavernosi* would be more proper.

637. THE other Muscle on each side lies under the former, and runs down on the side of the Urethra and great Orifice of the Uterus, all the way to the Anus; increasing gradually in breadth in its passage, and terminating partly like that which is called *Accelerator* in Males.

638. THESE two Muscles surround very closely the lateral parts of the Urethra, and of the great Orifice. They expand very much as they descend, and are spread on the lower and lateral parts of the great Orifice; for which reason several Anatomists have looked upon them as muscular Sphincters. All these four Muscles, and especially the two latter are oftentimes almost covered with Fat.

639. THE Blood-Vessels of the Clitoris come chiefly from the *Hypogastricæ*; and the Nerves from the second and third Pairs of the *Nervi Sacri*, by means of which they communicate with the inferior *Mesenteric Plexus*, and with the great *Sympathetic*.

640. THE *Nymphæ*, *Cristæ Clitoridis*, or as they may likewise be termed, *Alæ Minores* five *Internæ*, are two prominent Folds of the inner Skin of the great or external *Alæ*, reaching from the *Præputium* of the Clitoris to the two sides of the great Orifice of the Uterus. They begin very narrow, and having increased in breadth in their Course downward, they are again contracted at their lower Extremity.

641. THEY are of a spongy Substance, intermixed with Glands, several of which may be perceived by the naked Eye. Their Situation is oblique, their upper Extremities lying near each other, and the lower at a much greater distance. In married Women they are more or less flaccid and decay'd.

642. BY the Urethra in Females, we mean the urinary Duct, the Orifice of which is between the *Nymphæ* below the Glans of the Clitoris. The sides of this Orifice are a little prominent and wrinkled, and perforated by small *Lacunæ*, from which a viscid or mucilaginous Liquor may be squeezed. In time of Pregnancy, this Orifice is sometimes drawn a little inward.



643. THE Body of the Urethra is a spongy Duct of the same Structure as in Males, but much shorter, situated directly under the Trunk of the Clitoris, and above the great Canal of the Uterus, adhering to each of these Canals between which it lies, by membranous Filaments. It passes under the cartilaginous Arch of the Ossa Pubis, and terminates by an oblique Opening at the Neck of the Bladder; being bent a little downwards between its two Extremities.

644. THE internal Membrane of the Urethra is a little plaited, and perforated by small Holes, which communicate with Folliculi, lying hid in its Substance, as in Males. If we blow into one of these Holes, we observe a small Canal to be inflated, which runs from without inwards, and terminates in some places by a kind of Sacculus, by compressing which, a viscid Liquor is discharged.

645. THE Continuation of this Membrane, which Lines the Neck of the Bladder, forms likewise several Rugæ more or less equal, but that which lines the Cavity of the Bladder, is wrinkled in an irregular manner when the Bladder is empty.

*The Canal of  
the Uterus.*

646. THE great Canal, formerly called the Neck of the Uterus, is situated below the Urethra, and above the Extremity of the Intestinum Rectum, a little obliquely, being more raised on the inner and back Part, than on the outer and fore part.

647. ITS inner or posterioir Extremity, joins the Extremity of the Body of the Uterus, and surrounds its Orifice much in the same manner as the Duodenum surrounds the Pylorus, or as the Ilium is surrounded by the Cæcum and Colon.

648. THE anterior Extremity forms the great Orifice, which lies under that of the Urethra, and above the Fossula of the inferior Commissure of the Alæ.

649. THE Body of the Canal is chiefly made up of a spongy Substance, interwoven with numerous Blood-Vessels, and it is commonly longer and narrower in Virgins, than in Married Women.

650. ITS inner or concave Surface, has several transverse Rugæ, and is covered by a particular Membrane. The Rugæ are formed by oblong narrow Eminences, incurvated like Portions of Arches, placed very near each other, and disposed in such a manner, as to divide the Cavity of the Canal, into an upper and lower side.

651. BY the Union of the Extremities of the upper and lower Rugæ, a kind of Raphe or Suture is formed on the right and left sides; and both Arches are sometimes intersected in the middle, and so form two Half-Arches; but in this there is some Variety.

652. IN general, these Arches are very considerable in young Persons; become gradually more superficial in married Women, and are quite lost in time of Delivery.

653. THE inner or posterioir Extremity of this great Canal, surrounds the Orifice of the Uterus, a little obliquely, in such a manner, as that the upper side of the Canal lies very near the Orifice, and the lower side, at a greater

greater distance from it, and this makes the Extremity of the Uterus appear to advance more into the Canal on the lower, than on the upper Part

654. THE exteriour or anterior Extremity of the great Canal in Virgins, *Circulus* and especially before the first Eruption of the Menses, is commonly bordered by a circular membranous Fold, of different Breadths, more or less *Membranosus*. smooth, and sometimes semilunar, which in some Subjects leaves but a very small Opening, in others a larger Opening, and in all, renders the external Orifice narrower than the rest of the Cavity. This Fold called Hymen, is formed by the Union of the internal Membrane of the great Canal, with that on the inside of the Alæ, and represents a membranous Circle of different breadths, and sometimes uneven.

655. THIS membranous Circle is commonly ruptured after the Consummation of Marriage; is quite lost in Delivery; and afterwards only some irregular Portions of it remain, which from their supposed resemblance to Myrtle Leaves, have been termed *Carunculæ Myrtiformes*. This Circle may likewise suffer some disorder by too great a flux of the Menses, by Imprudence, Levity and other particular Accidents.

656. EACH side of the anterior Portion of the great Canal is covered exteriorly by a thin broad cavernous and vascular Plexus, called the *Plexus Retiformis* of that Canal. These two Planes run down on each side of the Clitoris behind the Nymphæ, and likewise cover the Urethra like a Collar, before they are spread on the great Canal.

657. THIS Plexus is strictly united to the muscular Portions commonly taken for Accelerators or Constrictors, lying between these Portions and the lateral parts of the Urethra and of the great Canal.

658. THIS Plexus may be inflated by Air like a flaccid Spleen, or like the spongy Substance of the Clitoris, with which it seems to have some Communication; and on this Account the lateral Portions of this reticular Plexus have been named the internal Crura of the Clitoris. It is a kind of Rete Mirabile, composed of Vessels which come chiefly from the Hypogastricæ.

659. IT still remains to be observed, that on each side of the bottom of the Pelvis in both Sexes, opposite to the lower part of the Bladder, there is an aponeurotic or tendinous Ligament, which runs over the inner Surface of the Musculus Obturator Internus from before backward. The anterior Extremity of this Ligament is fixed on one side of the middle Portion of the Symphysis of the Ossa Pubis; and the posterior Extremity, to the middle part of the Ligamentum Sacro-Sciaticum described in Sect. II.

660. A little above the Elongation, called the Neck of the Bladder, there is another ligamentary Expansion on each side of the Bladder; the forepart of which is narrow, and fixed to the anterior Extremity of the Ligament already mentioned; and the broad posterior part, to the side of the Bladder. These two lateral Expansions may be look'd upon as proper Ligaments of the Bladder, by which it is connected to the inner side of both Ossa Pubis.



661. To the antierour Portion of each of these Ligaments of the Bladder is fixed a particular Fasciculus of fleshy Fibres, which run up obliquely on the foreside of the Bladder, on which those of each side meeting together, form a kind of muscular Intertexture, and unite with the most transverse Fibres of the Bladder.

662. THESE two muscular Fasciculi form a part, and perhaps the principal part of what is called the Sphincter of the Bladder; but to have a true Idea of them, they must be examined in Situ, without destroying any of their natural Connexions. When the Bladder is removed out of its place, as is done in the common Method of Dissection, these Fasciculi are cut, and thereby their Direction being lost, they appear transverse, and are taken by those who know no better, for Portions of an orbicular Sphincter.

663. IN Males, these two Fasciculi are partly fixed in the Prostates; but in Females they are very broad, and appear sometimes to be double on each side, one Plane lying above the other. They are to be look'd upon as true Muscles, fixed by small Tendons on the sides of the Symphysis of the Ossa Pubis.



SECT.

## S E C T. IX.

### *A Description of the Thorax.*

#### § 1. Introduction.

1. **I**N the Compendious View Sect. 7. I gave a general Idea of all the external and internal Parts which compose what Anatomists call the middle Venter, Breast or Thorax in the Human Body; and I beg the Reader to turn to what was there said, to prevent the necessity of repeating it here.

2. THE whole extent of the Thorax in a living Subject, is commonly determined not only by the Sternum, Vertebrae of the Back and Ribs, but also by all that Space contained between the Articulations of the two Arms with the Scapulae and Clavulae; and in this sense, the outside of the Thorax is broader above than below in a healthy Subject, who has a moderate share of Flesh on his Bones. *External Conformation of the Thorax.*

3. THIS breadth of the upper part of the Breast is owing to the Pectorales Majores and Latissimi Dorsi viewed directly forward or backward. But when we take a direct lateral view of the Breast, it appears narrower above than below, not only in an intire Subject, but even after every thing has been removed that cover the sides of the Thorax, and in the Skeleton itself.

4. THE common Integuments of the Thorax are the same with those of the Abdomen; and the convex side of this part of the Body is likewise covered by several Muscles. Anteriorly, we find the Pectorales Majores and Minores, a large Portion of the Serrati Majores, the Subclavii, a Portion of the Scaleni and of the Obliqui Abdominis Externi. Posteriorly, we have all the Muscles which cover both sides of the Scapula, the Serrati Postici, and a part of the Sacro-Lumbares, Longissimi Dorsi, Vertebrales, &c. as in the History of the Muscles. Among all the external parts of the Thorax, only two are peculiar to it in the Human Body, I mean the two Eminences called Mammæ, which must therefore be described in this Section.

5. THE hard parts which form the sides of the Cavity of the Thorax, are the twelve Vertebrae of the Back, all the Ribs, and the Sternum. The soft Parts which compleat the sides, are the Membrane called Pleura, which lines the Cavity, and the Musculi Inter-Costales, Sterno-Costales and Diaphragma, already described among the Muscles. *Cavity of the Thorax.*

6. ALL these hard and soft Parts taken together represent a kind of Cage, in some measure of a conical Figure, flattened on the fore-side, depressed on the back-side, and in a manner divided into two Nooks by the



## THE ANATOMY OF

Figure of the Vertebrae of the Back, and terminated below by a broad arched Basis inclined backward. The Intercostal Muscles fill up the Interstices betwixt the Ribs, and so compleat the sides of the Cavity; the Basis is the Diaphragm, and the Pleura not only covers the whole inner Surface of the Cavity, but by forming the Mediastinum, divides it into two, one on the right Hand, the other on the left.

### § 2. *Mammæ.*

7. THE name of Mammæ or Breasts is given to two Eminences more or less round, situated in the Anterior and a little toward the lateral Parts of the Thorax, their Center or middle Part lying almost opposite to the bony Extremity of the sixth true Rib on each side. Their Size and Figure vary in the different Sexes and different Ages.

8. IN Children of both Sexes, and in Males of all Ages, they are commonly no more than Cutaneous Tubercles, or soft Verrucæ of a reddish Colour, called Papillæ or Nipples, each of them being surrounded by a small, thin and pretty broad Circle or Disk, more or less of a brownish Colour and an uneven Surface, termed Areola.

9. IN Females come to the Age of Puberty, which is sometimes sooner, sometimes later, a third part is joined to the two former, which is a convex Protuberance, more or less round, of about five or six Fingers in breadth; the Papilla and Areola being situated near the middle of its convex Surface. This is what is properly termed Mamma, and it may be termed the Body of the Breast, when compared with the other two Parts. It increases with Age, and is very large in Women with Child, and in those that give Suck. In old Age it decreases and becomes flabby, losing its natural Consistence and Solidity.

*Body of the  
Mammæ.*

10. THE Body of the Mammæ is partly Glandular, and partly made up of Fat; or it is a Glandular Substance mixed with Portions of the Membrana Adiposa, the Cellulous Pelliculæ of which support a great many Blood-Vessels, Lymphatics, and Serous or Lactiferous Ducts, together with small Glandular Molleculæ which depend on the former; all of them being closely surrounded by two Membranes continued from the Pelliculæ.

11. THE innermost of these two Membranes, which is, in a manner, the Basis of the Body of the Mamma, is thick and almost flat, adhering to the Musculus Pectoralis Major. The second or external Membrane is thinner, forming a particular Integument for the Body of the Mamma, more or less convex, and adhering closely to the Skin.

12. THE Corpus Adiposum of the Mamma in particular, is a spongy Cluster, more or less interlarded with Fat, or a Collection of Membranous Pelliculæ, which by the particular disposition of their outer sides, form a kind of Membrane in shape of a Bag, in which all the rest of the Corpus Adiposum is contained. The anterior or outer Portion of this Bag, or  
that

that which touches the Skin is very thin; but that side next the Pectoralis Major, is thick.

13. THE Glandular Body contains a white Mass, which is merely a Collection of Membranous Ducts, narrow at their Origin, broad in the Middle, and which contract again as they approach the Papilla, near which they form a kind of Circle of Communication. They are named Ductus Lactiferi. *Ductus Lactiferi.*

14. THE coloured Circle or Disk already mentioned is formed by the Skin, the inner Surface of which sustains a great number of small Glandular Molleculæ, of that kind which Morgagni calls Glandulæ Sebaceæ. They appear very plainly all over the Areola, even on the outside where they form little flat Heights or Eminences at different distances quite round the Circle. *Areola.*

15. THESE Tubercles are perforated by small Holes, through which a kind of sebaceous or cheesy Matter more or less liquid, may be squeezed out. Sometimes this is a serous Liquor, sometimes a milky Serum, and sometimes pure Milk, especially in Nurses; and I have seen both serous and milky Drops come out at the same time.

16. FROM thence I am inclined to think that these Holes communicate with the Lactiferous Ducts, and that the Tubercles are a kind of Auxiliary Papillæ added to the true ones. The different Matters or Liquors that may be squeezed from the same Glandular Body, gives also room to think, that the Holes in them communicate by their Extremities with several other smaller Holes.

17. THE Tubercle which lies in the Center of the Areola is termed Papilla. *Papilla.* It is of different Sizes in different Ages and Constitutions, and in the different Conditions of Females in particular. In Women with Child, or who give Suck, it is pretty large, and generally longer or higher than it is thick or broad; and when it happens to be short, it causes great uneasiness to the Child.

18. THE Texture of the Nipple is spongy, elastic, and liable to divers changes of Consistence, being sometimes harder, sometimes more flaccid. It seems to be made up chiefly of Ligamentary Fasciculi, the Extremities of which form the Basis and Apex of the Nipple. These Fasciculi appear to be gently folded or curled during their whole length, and if by drawing the Fibres out, these Folds be destroyed, they return again as soon as that Action ceases.

19. BETWEEN these spongy and elastic Fasciculi lie seven or eight particular Tubes at small distances from each other, and all in the same Direction. These Tubes end at the Basis of the Papilla in the irregular Circle of Communication of the Lactiferous Ducts, and at the Apex, in the same number of almost imperceptible Holes or Orifices; and as they are closely united to the elastic Fasciculi, they are folded in the same manner with them.



## THE ANATOMY OF

20. THE Body of the Papilla is covered by a thin Cutaneous Production, and by the Epidermis. Its outer Surface is uneven, being full of small Tubercles and Wrinkles, among which those near the Circumference of the Nipple, seem to have a transverse or annular Disposition, which however is not uniform,

21. THIS Disposition or Direction seems to be owing to the elastic Folds already mentioned; and from this simple Structure it is easy to explain how Infants in sucking the Nipple, and Women in drawing the Teats of Cows, bring out the Milk. For the Excretory Tubes being wrinkled in the same manner as the Fasciculi, do by these Wrinkles or Folds, as by so many Valves, hinder the Milk contained in the Ducts from flowing out; but when the Nipple is drawn and elongated, the Tubes lose their Folds, and the Passage becomes streight. Besides this, when they are drawn with a considerable Force, the whole Body of the Mamma is increased in length and contracted in breadth, and thereby the Milk is press'd into the open Tubes; and thus by barely pressing the Body of the Breast, the Milk may be forced toward the Nipple, and even through the Tubes.

*Arteries,  
Veins,  
Nerves, &c.*

22. THE Arteries and Veins distributed through the Mammæ, are Ramifications of the Arteriæ and Venæ Mammariæ, of which one kind comes from the Subclaviæ, and are named Mammariæ Internæ; the others from the Axillares, called Mammariæ Externæ.

23. THESE Vessels communicate with each other, with those near them, and with the Vasa Epigastrica, as was observed in the Description of the Arteries and Veins. The Nerves come chiefly from the Costales, and by means of these, communicate with the great Nervi Sympathetici.

*Uses.*

24. THE use of the Mammæ in the Nourishment of Children is known to all the World: But it is not certainly known what the Papillæ and Areolæ in Males can be designed for. Milk has been observed in them, in Children of both Sexes; and this happened to one of my own Brothers when he was about two Years of Age.

### § 3. Pleura and Mediastinum.

25. THE Pleura is a Membrane which adheres very closely to the inner Surface of the Ribs, Sternum, and Musculi Inter-Costales, Sub-Costales, and Sterno-Costales, and to the convex side of the Diaphragm. It is of a very firm Texture, and plentifully stored with Blood-Vessels and Nerves, in all which it resembles the Peritonæum; and likewise in that it is made up of an inner true Membranous Lamina, and a Cellular Substance on the outside, which is a Production or Continuation of the Lamina.

26. THE Cellular Portion goes quite round the inner Surface of the Thorax, but the Membranous Portion is disposed in a different manner. Each side of the Thorax has its particular Pleura, intirely distinct from the other, and making, as it were, two great Bladders, situated laterally with respect to each other in the great Cavity of the Breast; in such a manner

ner as to form a double Septum or Partition running between the Vertebrae and the Sternum, their other sides adhering to the Ribs and Diaphragm.

27. THIS particular Duplication of the two Pleurae termed Mediastinum. The two Laminæ of which it is made up are closely united together near the Sternum and Vertebrae; but in the middle, and toward the lower part of the fore-side, they are separated by the Pericardium and Heart, as we shall see hereafter. A little more backward they are parted in a tubular Form by the Œsophagus, to which they serve as a Covering; and in the most posterior Part, a triangular Space is left between the Vertebrae and the two Pleurae from above downward, which is filled chiefly by the Aorta.

28. BEFORE the Heart, from the Pericardium to the Sternum, the two Laminæ adhere very closely, and there the Mediastinum is transparent, except for a small Space near the upper part, where the Thymus is situated; so that in this place there is naturally no Interstice or particular Cavity. The apparent Separation is owing intirely to the common Method of raising the Sternum, as was plainly demonstrated by *Bartholinus* my first Master in Anatomy, in his Treatise of the Diaphragm published at *Paris* in 1676. I shall have occasion to mention *Eustachius's* Tables, where the same Fault is said to be found, in another place.

29. THE Mediastinum does not commonly terminate along the middle of the inside of the Sternum, as the common Opinion has been. I demonstrated in the Year 1715. to the Royal Academy of Sciences, that from above downward, it inclines toward the left side; and that if before the Thorax is opened, a sharp Instrument be run through the middle of the Sternum, there will be almost the breadth of a Finger between the Instrument and the Mediastinum; provided that the Sternum remain in its natural Situation, and the Cartilages of the Ribs be cut at the distance of an Inch from it, on each side.

30. FROM all this we see not only that the Thorax is divided into two Cavities intirely separated from each other, by a middle Seprum without any Communication; but also that by the Obliquity of this Partition, the right Cavity is greater than the left; and from hence we may judge of the uncertainty of Trepanning the Sternum, which the Ancients have recommended in some cases.

31. THE Cellular Portion of the Pleura connects the Membranous Portion to the Sternum, Ribs, and Muscles; to the Diaphragm, Pericardium, Thymus, and Vessels; and in a word, to whatever lies near the convex side of the Membranous Portions of the Pleura. It likewise insinuates itself between the Laminæ of the Duplication of which the Mediastinum is formed, and unites them together. It even penetrates the Muscles, and communicates with the Cellular Substance in their Interstices, all the way to the Membrana Adiposa on the external convex side of the Thorax. In this the Pleura resembles the Peritonæum.



## THE ANATOMY OF

32. THE Surface of the Pleura turned to the Cavities of the Breast, is continually moistened by a Lymphatic Serosity which transudes through the Pores of the Membranous Portion. This Fluid is said to be secreted by imperceptible Glands; but the Existence of these Glands has not been hitherto demonstrated; as was likewise observed of the Glands of the Peritonæum.

*Arteries and  
Veins.*

33. THE Arteries and Veins of the Pleura are chiefly Ramifications of the Intercostals; and these Ramifications are exceedingly numerous, and for the most part very small. The Mammariæ Internæ and Diaphragmaticæ likewise send Branches hither, which communicate very frequently with those that come from the Intercostals.

34. THE Mediastinum has particular Vessels called Arteriæ and Venæ Mediastinæ, which are commonly Branches of the Subclaviæ. The Mammariæ Internæ send likewise Ramifications to the forepart of it, the Diaphragmaticæ to the lower part, and the Inter-Costales and Œsophagææ to the backpart.

*Nerves.*

35. THE Nerves are Ramifications of the true Inter-Costales, called otherwise Costales and Dor sales. Near the Vertebrae they communicate with the great Sympathetic Nerves, improperly called Inter-Costales, and but very little with the middle Sympathetici or those of the eighth Pair.

*Uses.*

36. THE Pleura serves in general for an inner Integument to the Cavity of the Thorax. The Mediastinum cuts off all communication between the two Cavities, and hinders one Lung from pressing on the other when we lie on one side. It likewise forms Receptacles for the Heart, Pericardium, Œsophagus, &c. and is continued over the Lungs in the manner which shall be explained hereafter.

37. BEFORE we leave the Pleura, it must be observed that these Portions of it which adhere immediately to the Ribs, may be looked upon as the Periosteum of their inner sides. This Adhesion keeps the Pleura stretched, and hinders it from slipping or giving way. It likewise renders this Membrane extremely sensible of the least Separation caused by a coagulated Lympha or accumulated Blood; the Nervous Filaments being likewise in this case very much compressed in Inspiration, by the swelling of the Intercostal Muscles.

§ 4. *Thymus.*

38. THE Thymus is an oblong Glandular Body, round on the upper part, and divided below into two or three Lobes, of which that toward the left Hand is the longest. In the Fœtus it is of a pretty large Size, less in Children, and very little in aged Persons. In Children it is of a white Colour, sometimes mixed with red; but in an advanced Age its Colour is generally dark.

39. THE greatest part of the Thymus lies between the Duplication of the Superior and Anterior Portion of the Mediastinum, and the great

Vessels

Vessels of the Heart, from whence it reaches a little higher than the Tops of the two Pleuræ, so that some part of it is out of the Cavity of the Thorax; and in the Fœtus and in Children, it lies as much without the Thorax as within it.

40. Its particular inward Structure and Secretions are not as yet sufficiently known to determine its Uses, which however seem to be designed more for the Fœtus than for Adults. It has Vessels belonging to it called Arteriæ and Venæ Thymicæ.

§ 5. Cor.

41. THE Heart is a Muscular Body situated in the Cavity of the Thorax on the anterior part of the Diaphragm, between the two Laminæ of the Mediastinum. It is in some measure of a Conical Figure, flattened on the sides, round at Top, and oval at the Basis. Accordingly, we consider in the Heart the Basis, Apex, two Edges, and two sides, one of which is generally flat, the other more convex. *Situation in general and Conformation.*

42. BESIDES the Muscular Body which chiefly forms what we call the Heart, its Basis is accompanied by two Appendices called Auriculæ, and by large Blood-Vessels, of which hereafter; and all these are included in a Membranous Capsula, named Pericardium.

43. IT is hollow within, and divided by a Septum which runs between the Edges, into two Cavities called Ventriculi, one of which is thick and solid, the other thin and soft. This latter is generally termed the right Ventricle, the other, the left Ventricle, though in their natural Situation, the right Ventricle is placed more anteriorly than the left, as we shall see hereafter.

44. EACH Ventricle opens at the Basis by two Orifices, one of which answers to the Auricles, the other to the Mouth of a large Artery; and accordingly one of them may be termed the Auricular Orifice, the other the Arterial Orifice. The right Ventricle opens into the right Auricle, and into the Trunk of the Pulmonary Artery; the left, into the left Auricle, and into the great Trunk of the Aorta. At the Edges of these Orifices are found several moveable Pelliculæ, called Valves by Anatomists; of which some are turned inward toward the Cavity of the Ventricles, called Triglochines, or Tricuspides; others are turned toward the great Vessels, called Semilunares or Sigmoidales. The Valvulæ Tricuspides of the left Ventricle are likewise termed Mitrales.

45. THE inner Surface of the Ventricles is very uneven, many Eminences and Cavities being observable therein. The most considerable Eminences are thick fleshy Productions called Columnæ. To the Extremities of these Pillars are fastened several Tendinous Cords, the other ends of which are joined to the Valvulæ Tricuspides. There are likewise other small short Tendinous Ropes along both Edges of the Septum between the Ventricles. These small Cords lie in an obliquely transverse Situation, and form a kind of Network at different distances. *Ventriculi.*

46. THE



*Structure of  
the Ventri-  
cles.*

46. THE Cavities of the inner Surface of the Ventricles are small deep Fossulae or Lacunae placed very near each other, with small prominent Interstices between them. The greatest part of these Lacunae are Orifices of the Venal Ducts to be described hereafter.

47. THE fleshy or muscular Fibres of which the Heart is made up, are disposed in a very singular manner, especially those of the right or anterior Ventricle; being either bent into Arches or folded into Angles.

48. THE Fibres which are folded into Angles are longer than those which are only bent into Arches. The middle of these Arches, and the Angles of the Folds, are turned toward the Apex of the Heart, and the Extremities of the Fibres, toward the Basis. These Fibres differ not only in length but in their Directions which are very oblique in all, but much more so, in the long or folded Fibres than in the short ones which are simply bent.

49. IT is commonly said, that this Obliquity represents this Figure 8, but the comparison is very false, and can only agree to some bad Figures drawn by Persons ignorant of the Laws of Perspective.

50. ALL these Fibres, regard being had to their different Obliquity and Length, are disposed in such a manner, as that the longest form partly the most external Strata on the convex side of the Heart, and partly the most internal on the concave side; the middle of the Arches and the Angles meeting obliquely and successively to form the Apex.

51. THE Fibres situated within these long ones, grow gradually shorter and streighter all the way to the Basis of the Heart, where they are very short and very little incurvated. By this Disposition, the sides of the Ventricles are very thin near the Apex of the Heart, and very thick toward the Basis.

52. EACH Ventricle is composed of its proper distinct Fibres, but the left Ventricle has many more than the right. Where the two Ventricles are joined, they form a Septum which belongs equally to both.

53. THERE is this likewise peculiar to the left Ventricle, that the Fibres which form the innermost Stratum of its concave side, form the outermost Stratum of the whole convex side of the Heart, which consequently is common to both Ventricles; so that by carefully unravelling all the Fibres of the Heart, we find it to be made up of two Bags contained in a third.

54. THE anterior or right Ventricle is larger than the posterior or left, as was well observed by the Ancients, and clearly demonstrated by *M. Helvetius*. They are both nearly of the same length in Men, and in some Subjects they end exteriorly in a kind of double Apex.

55. ALL the Fibres are not directed the same way, though they are all more or less oblique; for some end toward the right Hand, others toward the left; some forward, some backward, and others in the intermediate places; so that in unravelling them, we find that they cross each other gradually, sometimes according to the length of the Heart, and sometimes according to its breadth.

56. THE Tubes which cross each other transversely are much more numerous than those which cross Longitudinally; which ought to be taken notice of, that we may rectify the false Notions that have been entertained concerning the Motion of the Heart; namely, that it is performed by a contorsion or twisting like that of a Screw, or that the Heart is shortened in the time of Contraction, and lengthened in Dilatation.

57. THE Fibres which compose the inner or concave Surface of the Ventricle, do not all reach to the Basis; some of them running into the Cavity, and there forming the fleshy Columnæ, to which the loose floating Portion of the Tricuspidal Valves is fastened by Tendinous Ropes.

58. BESIDES these fleshy Pillars, the internal Fibres form a great many Eminences and Depressions, which not only render the inner Surface of the Ventricle uneven, but give it a great extent within a small compass. Some of these Depressions are the Orifices of the Venal Ducts found in the Substance of the Ventricle, which have been already mentioned. The Circumferences of the great Openings at the Basis of the Heart are Tendinous, and may be looked upon as the common Tendon of all the fleshy Fibres of which the Ventricle is composed.

59. THE Valves at the Orifices of the Ventricle are of two kinds; one *Valvula*. kind allows the Blood to enter the Heart, and hinders it from going out the same way; the other kind allows the Blood to go out of the Heart, but hinders it from returning. The Valves of the first kind terminate the Auriculæ, and those of the second lie in the Openings of the great Arteries. The first are termed Semilunar or Sigmoidal Valves, the others Triglochines, Tricuspidal, or Mitral.

60. THE Tricuspidal Valves of the right Ventricle are fixed to its Auricular Orifice, and turned inward toward the Cavity of the Ventricle. They are three triangular Productions, very smooth and polished on that side which is turned towards the Auricle, and on the side next the Cavity of the Ventricle, they have several Membranous and Tendinous Expansions; and their Edges are notched or indented. The Valves of the Auricular Orifice of the left Ventricle are of the same Shape and Structure, but they are only two in number; and from some small resemblance to a Mitre, they have been named Mitrales.

61. THESE five Valves are very thin, and fastened by several Tendinous Ropes to the fleshy Columnæ of the Ventricle. The Cords of each Valve are fixed to two Pillars; and between these Valves there are other small ones of the same Figure. They may all be termed *Valvulæ Tricuspidæ*, *Auriculares*, or *Venosæ Cordis*.

62. THE Semilunar Valves are six in number, three belonging to each Ventricle, situated at the Mouths of the great Arteries; and they may be properly enough named *Valvulæ Arteriales*. Their concave sides are turned toward the Cavity of the Arteries, and their convex sides approach each other. In examining them with a Microscope, we find fleshy Fibres lying in the Duplication of the Membranes of which they are composed.



63. THEY are truly Semilunar or in form of a Crescent, on that side by which they adhere; but their loose Edges are of a different Figure, each of them representing two small Crescents, the two Extremities of which meet at the middle of this Edge, and there form a kind of small Papilla.

*The Aorta in general.*

64. THE great Artery that goes out from the left Ventricle, is termed Aorta. As it goes out, it turns a little toward the right Hand, and then bends obliquely backward to form what is called Aorta Descendens which I shall have occasion to mention again hereafter. From about the middle of the convex side of this Curvature, three great Branches arise, which furnish an infinite number of Ramifications to the Head and upper Extremities of the Body; as the descending Aorta does in the same manner to the Thorax, Abdomen, and lower Extremities.

*The Arteria Pulmonaris in general.*

65. THE Trunk of the Artery which goes out from the right Ventricle is called Arteria Pulmonaris. This Trunk, as it is naturally situated in the Thorax, runs first of all directly upward for a small Space, then divides laterally into two principal Branches, one for each Lung; that which goes to the right Lung being the longest, for a reason that shall be given hereafter.

*Auricle.*

66. THE Auricles are Muscular Bags situated at the Basis of the Heart, one towards the right Ventricle, the other towards the left, and joined together by an inner Septum and external communicating Fibres, much in the same manner with the Ventricles; one of them being named the right Auricle, the other the left. They are very uneven on the inside, but smoother on the outside, and terminate in a narrow, flat, indented Edge, representing a Cock's Comb, or in some measure the Ear of a Dog; and for that reason a famous Anatomist of *Leyden* would fain have distinguished this Edge, by the particular name of Auricle, calling the rest, the Bag. They open into these Orifices of each Ventricle, which I name Auricular Orifices; and they are Tendinous at their opening, in the same manner as the Ventricles.

67. THE right Auricle is larger than the left, and it joins the right Ventricle by a common Tendinous Opening, as has been already observed. It has two other Openings united into one, and formed by two large Veins which meet and terminate there, almost in a direct Line, called Vena Cava Superior and Inferior. The notched Edge of this Auricle terminates obliquely in a kind of obtuse Point, which is a small particular Production of the great Bag, and is turned toward the middle of the Basis of the Heart.

68. THE whole inner Surface of the right Auricle is uneven, by reason of a great number of prominent Lines which run across the sides of it, and communicate with each other by smaller Lines, which lie obliquely in the Interstices between the former. The Lines of the first kind represent Trunks, and the others, small Branches in an opposite Direction to each other. In the Interstices between these Lines, the sides of the Auricle are very thin and almost transparent, seeming to be formed meerly by the external

ternal and internal Coats of the Auricle joined together, especially near the Point.

69. THE left Auricle is in the Human Body, a kind of Muscular Bag or Reservoir, of a pretty considerable thickness and unequally square, into which the four Veins open, called Venæ Pulmonares, and which has a distinct Appendix belonging to it, like a third small Auricle. This Bag is very even on both sides, for which reason, one might be led to call it the Trunk of the Pulmonary Veins, and its Appendix, the left Auricle. However, the Bag and Appendix have but one common Cavity, and therefore may still be both comprehended under the common name of the left Auricle. In Men, the small Portion may likewise be named the Appendix of the left Auricle, but in other Animals, the case is different.

70. THIS small Portion or Appendix of the left Auricle is of a different Structure from that of the Bag or large Portion. Exteriously, it resembles a small oblong Bag, bent different ways, and indented quite round the Edges. Interiourly, it is like the inside of the right Auricle. The whole common Cavity of the left Auricle is smaller in an adult Subject than that of the right; and the fleshy Fibres of this left Auricle cross each other obliquely, in Strata differently disposed.

71. BESIDES the great common Vessels, the Heart has Vessels peculiar to itself, called the Coronary Arteries and Veins, because they in some measure crown the Basis of the Heart. The Coronary Arteries, which are two in number, go out from the beginning of the Aorta, and afterwards spread themselves round the Basis of the Heart, to the Substance of which they send numerous Ramifications.

*Arteria &  
Vena Coro-  
naria.*

72. THE exterior course of the Veins is pretty much the same with that of the Arteries, but they end partly in the right Auricle, and partly in the right Ventricle. They likewise terminate in the left Ventricle, but in smaller numbers; and in both they end by certain Venal Ducts, which open into the Fossulae or Lacunæ already taken notice of, in the uneven inner sides of the Ventricles. There are likewise Lacunæ of the same kind in the Auricles between the prominent Lines beforementioned; and in the great Bag of the left Auricle, we find likewise small Holes which seem to have the same use.

73. THERE are seldom more than two Arteries; of which one lies toward the right Hand, the other toward the left of the anterior third part of the Circumference of the Aorta. The right Coronary Artery runs in between the Basis and right Auricle, all the way to the flat side of the Heart, and so goes half way round. The left Artery has a like course between the Basis and left Auricle, and before it turns on the Basis, it sends off a capital Branch, which runs between the two Ventricles. Another principal Branch goes off from the Union of the two Arteries on the flat side of the Heart, which running to the Apex, there joins the other Branch.

74. THE Coronary Veins are distributed exteriorly, much in the same manner. Their Trunk opens principally into the right Auricle by a particular Orifice furnished with a Semilunar Valve. All the Coronary Veins



and their Ramifications communicate with each other, so that if we blow through a small Hole made in any of these Branches, having first compressed the Auricles and large Vessels, we observe that the Air swells all the Vessels, and the Ventricles likewise by passing through the Ductus Venosi.

*Particular  
Situation of  
the Heart.*

75. THE Heart lies almost transversely on the Diaphragm, the greatest part of it being in the left Cavity of the Thorax, and the Apex being turned toward the bony Extremity of the sixth true Rib. The Basis is toward the right Cavity, and both Auricles, especially the right, rest on the Diaphragm.

76. THE Origin or Basis of the Pulmonary Artery is in this natural Situation, the highest part of the Heart on the foreside, and the Trunk of this Artery lies in a perpendicular Plane, which may be conceived to pass between the Sternum and Spina Dorsæ. Therefore some part of the Basis of the Heart is in the right Cavity of the Thorax; and the rest all the way to the Apex, is in the left Cavity; and it is for this reason that the Mediastinum is turned toward that side.

77. ACCORDING to this true natural Situation of the Heart, the Parts commonly said to be on the right side, are rather Anterior; and those on the left side, Posterior; and that side of the Heart which is thought to be the foreside, is naturally the upper side; and the backside consequently the lower side.

78. THE lower side is very flat, lying wholly on the Diaphragm, but the upper side is a little convex through its whole length, in the Direction of the Septum between the Ventricles. And it may be proper here to remark, that though commonly received terms of Art may still be retained, yet it is necessary to prevent their communicating false Ideas to those who have not had an opportunity of making observations themselves, or of being instructed by others.

*Pericardium.*

79. THE Heart with all the Parts belonging to it, is contained in a Membranous Capsula called Pericardium, which is in some measure of a Conical Figure, and much bigger than the Heart. It is not fixed to the Basis of the Heart, but round the large Veins above the Auricles, before they send off the Ramifications, and round the large Arteries, before their Divisions.

80. THE Pericardium is made up of three Laminæ, the middle and chief of which is composed of very fine Tendinous Filaments, closely interwoven and crossing each other in different Directions. The internal Lamina seems to be a continuation of the outer Coat of the Heart, Auricles and great Vessels. The Trunks of the Aorta and Pulmonary Artery have one common Coat which contains them both as in a Sheath, and is lined on the inside by a Cellular Substance, chiefly in that Space which lies between where the Trunks are turned to each other, and the sides of the Sheath. There is but a very small Portion of the inferior Vena Cava contained in the Pericardium.

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81. IT is the middle Lamina which chiefly forms the Pericardium ; and the Figure of this Bag is not simply Conical, its Apex or Point being very round, and the Basis having a particular Elongation which surrounds the great Vessels, as has been already said, as amply, as the other Portion surrounds the Heart.

82. THE Pericardium is closely connected to the Diaphragm, not at the Apex, but exactly at that place which answers to the flat or lower side of the Heart ; and it is a very difficult matter to separate it from the Diaphragm in Dissection. This adhering Portion is in some measure of a triangular Shape, answering to that of the lower side of the Heart ; and the rest of the Bag lies upon the Diaphragm, without any Adhesion.

83. THE External Lamina or common Covering, as it may be called more properly, is formed by the Duplication of the Mediastinum. It adheres to the proper Bag of the Pericardium by the Intervention of the Cellular Substance in that Duplication, but leaves it where the Pericardium adheres to the Diaphragm, on the upper Surface of which it is spread, as being a continuation of the Pleura.

84. THE Internal Lamina is perforated by an infinite number of very small Holes, through which a serous Fluid continually transudes, in the same manner as in the Peritonæum. This Fluid being gradually collected after Death, makes what is called Aqua Pericardii, which is found in considerable quantities, in opening dead Bodies while they remain fresh. Sometimes it is of a reddish Colour, which may be owing to a Transudation of Blood through the fine Membrane of the Auricles.

85. THE Heart and Parts belonging to it, are the principal Instruments *Uses in general* of the Circulation of the Blood. The two Ventricles ought to be considered as two Syringes so closely joined together as to make but one Body, and furnished with Suckers placed in contrary Directions to each other, so as that by drawing one of them, a Fluid is let in, and forced out again by the other.

86. THE Heart is made up of a Substance capable of Contraction and Dilatation. When the fleshy Fibres of the Ventricles are contracted, the two Cavities are lessened in an equal and direct manner, not by any Contorsion or Twisting, as the false resemblance of the Fibres to a Figure of Eight, has made Anatomists imagine. For if we consider attentively in how many different Directions and in how many places, these Fibres cross each other, as has been already observed, we must see clearly that the whole Structure tends to make an even, direct and uniform Contraction, more according to the breadth or thickness, than according to the length of the Heart, because the number of Fibres situated transversely, or almost transversely, is much greater than the number of longitudinal Fibres.

87. THE fleshy Fibres thus contracted do the Office of Suckers, by pressing upon the Blood contained in the Ventricles, which Blood being thus forced toward the Basis of the Heart, presses the Tricuspidal Valves against each other, opens the Semilunares, and rushes with Impetuosity through



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through the Arteries and their Ramifications, as through so many elastic Tubes.

*Systole.*

88. The Blood thus pushed on by the Contraction of the Ventricles, and afterwards pressed by the elastic Arteries, enters the Capillary Vessels, and is from thence forced to return by the Veins to the Auricles, which like Retirements, Porches, or Anti-chambers, receive and lodge the Blood returned by the Veins during the time of a new Contraction. This Contraction of the Heart is by Anatomists termed *Systole*.

*Diastole.*

89. THE Contraction or *Systole* of the Ventricles, ceases immediately, by the Relaxation of their fleshy Fibres, and in that time the Auricles which contain the Venal Blood, being contracted, force the Blood through the Tricuspidal Valves into the Ventricles, the Sides of which are thereby dilated and their Cavities enlarged. This Dilatation is termed *Diastole*.

*Circulation.*

90. In this manner does the Heart by the alternate *Systole* and *Diastole* of its Ventricles and Auricles, push the Blood through the Arteries to all the parts of the Body, and receive it again by the Veins. This is called the Circulation of the Blood, which is carried on in three different manners.

91. THE first and most universal kind of Circulation is that by which almost all the Arteries of the Body are filled by the *Systole* of the Heart, and the greatest part of the Veins evacuated by the *Diastole*.

92. THE second kind of Circulation opposite to the first, is through the Coronary Vessels of the Heart, the Arteries of which are filled with Blood during the *Diastole* of the Ventricles, and the Veins emptied during the *Systole*.

93. THE third kind of Circulation is that of the left Ventricle of the Heart; through the Venal Ducts of which, a small quantity of Blood passes, without going through the Lungs, which is the course of all the remaining Mass of Blood.

94. BESIDES these three different kinds of Circulation, there are some peculiarities in the course of the Blood which may be looked upon as particular Circulations. Such is the passage of the Blood through the Liver, Spleen, Corpora Cavernosa of the Parts of Generation, and through the Cavernous Sinuses of the Dura Mater. I do not here examine the Circulation peculiar to the Fœtus.

### § 6. *Pulmones.*

*Situation in general and Figure.*

95. THE Lungs are two large spongy Bodies of a reddish Colour in Children, greyish in adult Subjects, and bluish in old Age; filling the whole Cavity of the Thorax, one being seated in the right side, the other in the left, parted by the Mediastinum and Heart, and of a Figure answering to that of the Cavity which contains them; that is, convex next the Ribs, concave next the Diaphragm, and irregularly flattened and depressed next the Mediastinum and Heart.

96. WHEN the Lungs are viewed out of the Thorax, they represent in some measure an Ox's Foot, with the forepart turned to the Back, the backpart to the Sternum, and the lower part to the Diaphragm.

97. THEY are distinguished into the right and left Lung; and each of these into two or three Portions called Lobi, of which the right Lung has commonly three, or two and a half, and the left Lung two. The right Lung is generally larger than the left, answerably to that Cavity of the Breast, and to the Obliquity of the Mediastinum. *Division and Figure in particular.*

98. AT the lower Edge of the left Lung, there is an indented Notch or Sinus opposite to the Apex of the Heart, which is therefore never covered by that Lung even in the strongest Inspirations, and consequently the Apex of the Heart and Pericardium may always strike against the Ribs; the Lungs not surrounding the Heart in the manner commonly taught. This Sinus is expressed in Eustachius's Tables.

99. THE Substance of the Lungs is almost all spongy, being made up of an infinite number of Membranous Cells, and of different sorts of Vessels spread among the Cells, in innumerable Ramifications. *Structure.*

100. THIS whole Mass is covered by a Membrane continued from each Pleura, which is commonly said to be double; but what is looked upon as the inner Membrane is only an Expansion and Continuation of a Cellular Substance which shall be spoken to, after I have described the Vessels of this Viscus. *Coats.*

101. THE Vessels which compose part of the Substance of the Lungs are of three or four kinds; the Air-Vessels, Blood-Vessels and Lymphatics, to which we may add the Nerves. The Air-Vessels make the chief part, and are termed Bronchia. *Bronchia.*

102. THESE Bronchia are Conical Tubes, composed of an infinite number of Cartilaginous Fragments, like so many irregular Arches of Circles, connected together by a Ligamentary Elastic Membrane, and disposed in such a manner as that the lower easily insinuate themselves within those above them.

103. THEY are lined on the inside by a very fine Membrane, which continually discharges a Mucilaginous Fluid; and in the Substance of the Membrane are a great number of small Blood-Vessels, and on its convex side, many Longitudinal Lines which appear to be partly fleshy, and partly made up of an elastic Substance of another kind.

104. THE Bronchia are divided in all Directions into an infinite number of Ramifications, which diminish gradually in size; and as they become Capillary, change their Cartilaginous Structure into that of a Membrane. Besides these very small Extremities of this numerous Series of Ramifications, we find that all the subordinate Trunks from the greatest to the smallest, send out from all sides a vast number of short Capillary Tubes of the same kind.

105. EACH of these numerous Bronchial Tubes is widened at the Extremity, and thereby formed into a small Membranous Cell, commonly called a Vesicle. These Cells or Folliculi are closely connected together in Bundles; *Extre-Vesiculae Bronchiales.*



Bundles; each small Branch producing a Bundle proportionable to its extent and the number of its Ramifications.

*Lobuli.*

106. THESE small Vesicular or Cellulous Bundles are termed Lobules; and as the great Branches are divided into small Rami, so the great Lobules are divided into several small ones. The Cells or Vesicles of each Lobule have a free communication with each other, but the several Lobules do not communicate so readily.

*Interlobular Substance.*

107. THE Lobules appear distinctly, to be parted by another Cellulous Substance, which surrounds each of them in proportion to their extent, and fills up the Interstices between them. This Substance forms likewise a kind of irregular Membranous Cells, which are thinner, looser, and broader than the Bronchial Vesicles.

108. THIS Substance is dispersed through every part of the Lungs, forms cellulous or spongy Vaginæ which surround the Ramifications of the Bronchia and Blood-Vessels, and is afterwards spread over the outer Surface of each Lung, where it forms a kind of fine Cellular Coat, joined to the general Covering of that Viscus.

109. WHEN we blow into this Interlobular Substance, the Air compresses and flattens the Lobuli; and when we blow into the Bronchial Vesicles they presently swell, and if we continue to blow with force, the Air passes insensibly into the Interlobular Substance. We owe this Observation to *M. Helvetius*.

*Vascular Texture.*

110. ALL the Bronchial Cells are surrounded by a very fine Reticular Texture of the small Extremities of Arteries and Veins which communicate every way with each other. The greatest part of this admirable Structure is the discovery of the illustrious *Malpighi*.

*Blood-Vessels.*

111. THE Blood-Vessels of the Lungs are of two kinds; one common, called the Pulmonary Artery and Veins; the other proper, called the Bronchial Arteries and Veins.

112. THE Pulmonary Artery goes out from the right Ventricle of the Heart; and its Trunk having run almost directly upward as high as the Curvature of the Aorta, is divided into two lateral Branches, one going to the right Hand, called the right Pulmonary Artery, the other to the left, termed the left Pulmonary Artery. The right Artery passes under the Curvature of the Aorta, and is consequently longer than the left. They both run to the Lungs, and are dispersed through their whole Substance by Ramifications nearly like those of the Bronchia, and lying in the same Directions.

113. THE Pulmonary Veins having been distributed through the Lungs in the same manner, go out on each side, by two great Branches which open laterally into the Reservoir or Muscular Bag of the right Auricle.

114. THE Ramifications of these two kinds of Vessels in the Lungs, are surrounded every where by the Cellular Substance already mentioned, which likewise gives them a kind of Vagina; and the Rete Mirabile of *Malpighi*, described above, is formed by the Capillary Extremities of these Vessels. It must be observed, that the Ramifications of the Arteries are more

more numerous and larger than those of the Veins, which in all other parts of the Body exceed the Arteries both in number and size.

115. BESIDES these capital Blood-Vessels, there are two others called *Bronchial* the Bronchial Artery and Vein. The Artery has become very famous of late, by the Description given of it by *M. Ruysch*. The Vein was doubted of for some time, but it exists as really as the Artery, and may be easily demonstrated.

116. THESE two Vessels are very small, appearing only like very fine Arteries and Veins coming from the Aorta, Vena Cava and their Branches, in the manner already said in the Description of the Arteries and Veins; and they seem to have no other use but that of nourishing the Lungs.

117. THE Varieties in the Origins of the Bronchial Arteries and Veins, especially of the Arteries, their Communications or Anastomoses with each other, and with the neighbouring Vessels, and above all, the immediate Anastomosis of the Bronchial Artery with the common Pulmonary Vein are of so great consequence in the practice of Physick, that it will be proper to repeat here what I have said about them elsewhere, that the attention of the Readers may not be diverted by being obliged to turn to another place of this Work.

118. THE Bronchial Arteries come sometimes from the anterior part of the Aorta Descendens Superior, sometimes from the first Intercoastal Artery and sometimes from one of the Oesophagææ. They go out sometimes separately, toward each Lung, sometimes by a small common Trunk which afterwards divides to the right and left, near the Bifurcation of the Aspera Arteria hereafter to be described, and follow Ramifications of the Bronchia.

119. THE left Bronchial Artery comes pretty frequently from the Aorta and the Right, from the superior Intercoastal on the same side, because of the Situation of the Aorta. There is likewise another which arises from the Aorta posteriorly near the Superior Intercoastal, and above the Anterior Bronchialis.

120. THE Bronchial Artery gives off a small Branch to the Auricle of the Heart on the same side, which communicates immediately with the Coronary Artery.

121. IN the Year 1719. I observed a very plain Anastomosis between some Branches of the left Pulmonary Vein, and of one of the Arteriæ Oesophagææ, which came from the first left Intercoastalis, together with a Bronchial Artery of the same side.

122. IN that or the following Year, I observed likewise an Anastomosis between the left Bronchial Artery and the Vena Azygos; and in the Month of April 1721, I saw an Anastomosis between a Branch of this Artery, and the Body of the just mentioned Vein.

123. SOMETIMES one Bronchial Artery gives Origin to several Superior Intercoastales; and sometimes several Bronchial Arteries send off separately the same number of Intercoastals.



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124. THE Bronchial Veins, as well as Arteries, were known to *Galen*. These Veins are sometimes Branches of the *Arygos*, coming from the upper part of the Curvature or Arch. The left Vein is sometimes a Branch of the common Trunk of the Intercostrals of the same side; and sometimes both Veins are Branches of the *Gutturialis*.

*Nervi.*

125. THE Lungs have a great many Nerves distributed through them by Filaments which accompany the Ramifications of the Bronchia and Blood-Vessels, and are spread on the Cells, Coats, and all the Membranous Parts of the Lungs. The *Nervi Sympathetici Medii* and *Majores*, commonly called the Nerves of the eighth Pair, or the Intercostrals, form behind each Lung a particular Intertexture, called *Plexus Pulmonaris*, from whence nervous Filaments go out, which communicate with the *Plexus Cardiacus* and *Stomachicus*.

*Vasa Lymphatica.*

126. ON the Surface of the Human Lungs, between the external and cellular Coat, we observe something that looks like Lymphatic Vessels; but we ought to take care not to mistake for such Vessels, a transparent Reticular Substance observable on the Surface of the Lungs, after blowing strongly into the Lobuli; this appearance being intirely owing to the Air which passes through the Bronchial Vesicles into the Interlobular Cells, and which by separating a certain number of Lobuli, finds room to lodge between them. The true Lymphatic Vessels of the Lungs are most visible in Brutes; and in a Horse particularly, I have observed one of these Vessels to run along a great part of one Edge of the Lungs.

*Ligaments.*

127. UNDER the Root of each Lung, that is under that part formed by the subordinate Trunk of the Pulmonary Artery, by the Trunks of the Pulmonary Veins, and by the Trunk of the Bronchia, there is a pretty broad Membranous Ligament which ties the Posterior Edge of each Lung to the lateral parts of the Vertebrae of the Back, from that Root all the way to the Diaphragm.

*Trachea Arteria.*

128. THE Bronchia already described are Branches or Ramifications of a large Canal, partly Cartilaginous, and partly Membranous, called *Trachea* or *Aspera Arteria*. It is situated Anteriorly in the lower part of the Neck, from whence it runs down into the Thorax between the two Pleurae, through the upper Space left between the Duplication of the Mediastinum, behind the Thymus.

129. HAVING reached as low as the Curvature of the Aorta, it divides into two lateral Parts, one toward the right Hand, the other toward the left, which enter the Lungs, and are distributed through them in the manner already said. These two Branches are called Bronchia, and that on the right side is shorter than that of the left, whereas the right Pulmonary Artery is the longest.

130. THE Trachea is made up of Segments of Circles or Cartilaginous Hoops, disposed in such a manner, as to form a Canal open on the back-part, the Cartilages not going quite round; but this Opening is filled by a soft Glandular Membrane, which compleats the circumference of the Canal.

131. EACH

131. EACH Circle is about the twelfth part of an Inch in breadth, and about a quarter of that Space in thickness. Their Extremities are round; and they are situated horizontally above each other, small Interstices being left between them, and the lower Edge of the superior Segments being turned toward the upper Edge of those next below them.

132. THEY are all connected by a very strong elastic Membranous Ligament fixed to their Edges. I have observed the first three Segments united into one bent alternately in two different places according to its breadth. Sometimes two are continuous in the same manner.

133. THE Canal of the Aspera Arteria is lined on the inside by a particular Membrane which appears to be partly Flethy or Muscular, and partly Ligamentary, perforated by an infinite number of small Holes more or less imperceptible, through which a Mucilaginous Fluid continually passes, to defend the inner Surface of the Trachea against the Acrimony of the Air which we breath.

134. THIS Fluid comes from small Glandular Bodies dispersed through the Substance of the Membrane, but especially from Glands something larger than the former, which lie on the outer or posterior Surface of that strong Membrane, by which the circumference of the Canal is completed. The same Structure is observable in the Ramifications of the Trachea from the greatest to the smallest.

135. ALL the Vessels of which the Lungs are chiefly composed, that is, the Air-Vessels or Bronchia; and Blood-Vessels, that is, the Pulmonary and Bronchial Arteries and Veins, accompany each other through this whole Viscus.

136. THEY are disposed commonly in such a manner even to the last Ramifications, as that a subordinate Trunk or Branch of the Bronchia lies between the like Trunks or Branches of the Pulmonary Artery and Vein; the Bronchial Vessels being immediately joined to the Bronchia. In some places these three kinds of Vessels touch each other in such a manner as to leave a Triangular Space in the middle.

137. THE Bronchia are divided into a very great number of Ramifications; and the last Rami are the Pedicles or Footstalks of the small Lobuli. All the Lobuli are angular, oblong, broad, thin, &c. The Footstalks send out other smaller Membranous Pedicles, which are very short and terminate in the Bronchial Vesicles or Cells, of which they are continuations. The subordinate Trunks and Rami detach a great number of these Pedicles from their convex Surface.

138. WHEN we blow into the Lungs, the Bronchial Cells nearest their outer Surface, appear like small Portions of round Vesicles; and from this appearance, all the Bronchial Cells have got the name of Vesicles, though they are all Angular, except those which I have now mentioned.

139. WHEN we examine a Lung without blowing it up, we find that the Cartilaginous Segments of the Bronchia lie so near as to be engaged in each other; and in drawing out any Portion of the Bronchia by the two Ends, these Segments are parted, and the whole Canal is increased in length;

\* D 2

but



but it contracts again by means of its elastic Membrane as soon as that force is taken off.

140. WHEN we open lengthwise any Portion of the Pulmonary Artery and Vein in the same Lung, we meet with a great number of transverse Rugæ which are destroyed when these Vessels are elongated. This is an Observation made by *M. Helvetius*.

141. BY virtue of this Structure, all the Ramifications both of the Bronchia and Pulmonary Arteries and Veins, have constantly the same Direction, whether the Lung be inflated or collapsed; and they contract in length without being either contorted or folded. In Expiration these Vessels are elongated, and shortened in Inspiration.

142. THESE three Vessels lie in a sort of Cellular Vagina which accompanies all their Ramifications, and is a continuation of the Interlobular Cells, or Cellular Substance in the Interstices of the Lobuli. The Pelliculæ which compose it are, however, disposed there, in a more regular manner, and more longitudinally than in other places, and thereby appear to form a true Vagina.

143. WHEN we blow through a Pipe introduced so far as to touch immediately a Trunk of the Blood-Vessels or Bronchia, the Air runs at first through all the Cells that lie nearest that Trunk or its Branches; but if we continue to blow, it insinuates itself through the whole Interlobular Substance.

*Bronchial  
Glands.*

144. AT the Angle of the first Ramification of the Trachea Arteria, we find on both the fore and back sides, certain soft, roundish, glandular Bodies, of a bluish or blackish Colour, and of a Texture partly like that of the Thymus already described, and partly like that of the Glandula Thyroides, of which hereafter. There are other Glands of the same kind at the Origin of each Ramification of the Bronchia, but they decrease proportionably in number and size. They are fixed immediately to the Bronchia, and covered by the Interlobular Substance; and they seem to communicate by small Openings with the Cavity of the Bronchia.

145. THE Trachea has several Coats, as has been already observed. The outermost or common Covering surrounds that part of the Trachea which lies in the Thorax; but out of the Thorax, this first Coat is derived from the Aponeurotic Expansions of the Muscles of the Neck; and it is between this and the following Covering that the Glands already mentioned, are situated.

146. THE second is a proper Coat, being a continuation of the Cellular Covering of the Lungs; and the Pelliculæ thereof nearest the Cartilaginous Segments, serve them for an external Perichondrium. The third Membrane lies on the inside, adhering closely to the same Cartilages, and supplying to these, the place of an internal Perichondrium.

147. THE fourth Membrane is that which compleats the Circumference of the Cartilaginous Circles of the Trachea. It consists chiefly of two Laminae or Strata, partly Muscular and partly Tendinous; the external or posterior Lamina being made up of Longitudinal Fibres; and the internal or

or anterior, of transverse Fibres. This Membrane is perforated by the small Ducts of the abovementioned Glands, which discharge a Fluid when pressed, and being examined through a Microscope they appear Vesicular or Folliculous, much like those of the Stomach.

148. THE Ligament between the Cartilaginous Circles are very strong and elastic; and each of them is confined to two Cartilages without communicating with any of the rest; being fixed to the Edges of these Cartilages much in the same manner as the Intercostal Muscles are inserted in the Ribs.

149. As the Bronchia penetrate into the Substance of the Lungs, they gradually lose their Cartilages; but the Muscular Lines or Columnæ of *M. Morgagni* appear as much, and sometimes more than before. The two Planes abovementioned continue likewise to be visible; and we observe very distinctly, sometimes even without a Microscope, a great many small Holes in the Pedicles of the Lobuli, and Bronchial Vesicles or Cells, which open from within outwards.

150. RESPIRATION is performed by Organs of two kinds, one of which *Uter.* may be looked upon as active, the other as passive. The Lungs are of the second kind, and the first comprehends chiefly the Diaphragm and Intercostal Muscles.

151. As soon as the Intercostal Muscles begin to contract, the Arches of the Ribs are raised together with the Sternum, and placed at a greater distance from each other; by which means the Cavity of the Thorax is enlarged on the two lateral and anterior sides.

152. AT the same instant the Diaphragm is flatted or brought toward a Plane by two Motions, which are apparently contrary; that is, by the Contraction of the Diaphragm, and the Dilatation of the Ribs in which it is inserted. The external Surface of the Thorax being thus in a manner increased, and the Cavity of the Bronchia being at the same time and by the same means, less resisted or pressed upon; the Ambient Air yields to the external Pressure, and insinuates itself into all the places where the Pressure is diminished, that is, into the Aspera Arteria, and into all the Ramifications of the Bronchia all the way to the Vesicles. This is what is called Inspiration.

153. THIS Motion of Inspiration is instantaneous, and ceases in a moment by the Relaxation of the Intercostal Muscles; the elastic Ligaments and Cartilages of the Ribs bringing them back at the same time, to their former Situation. This Motion by which the Ribs are depressed and brought nearer each other, is termed Expiration.

154. THE Pulmonary Arteries and Veins which accompany the Bronchia, through all their Ramifications, and surround the Vesicles, transmit the Blood through their narrow Capillary Extremities, and thereby change or modify it, at least in three different manners.

155. THE first Change or Modification which the Blood undergoes in the Lungs, is to have the Cohesions of its Parts broken, to be attenuated, pounded, and as it were, reduced to Powder. The second is, to be deprived



prived of a certain quantity of Serum, which transpires through the Lungs, and is what we commonly call the Breath. The third is to be in a manner reanimated by the Impression of the Air, whether the whole Body of the Air enters the Blood, whether the common Air is only the Vehicle of some finer Parts which are conveyed to it, or whether the Air only compresses and shakes the Blood, as it passes round the Bronchial Vesicles in the Reticular Capillary Extremities of the Vessels.

156. THE Cartilages of the Aspera Arteria and Bronchia serve in general to compose a Canal, the sides of which will not sink in or subside by Compression, but will nevertheless yield to certain Pressures and Impulses without breaking. As these Cartilages are not compleat Circles or Rings, and as their Circumferences are compleated by elastic Membranes, they allow of these Dilatations and Contractions which modulate the Voice; and as they are connected by elastic Ligaments of a considerable breadth, the alternate Elongation and Contraction of the Bronchia is facilitated in the Motions of Respiration.

157. I say nothing here of the Larynx, which is commonly looked upon as the upper part of the Aspera Arteria, but refer the Description of it to that of the Head, with which it has a particular Connexion in relation to the Tongue; and this I do the more willingly, because I have included in the same Treatise, all that relates to the Neck, as not furnishing Matter enough for a particular Section, though in the general Division of the Human Body, it may naturally enough be looked upon as a distinct part lying between the Head and the Thorax.

#### § 7. *Œsophagus.*

*Situation and Figure.*

158. THE *Œsophagus* is a Canal partly Muscular and partly Membranous, situated behind the Trachea Arteria, and before the Vertebrae of the Back, from near the middle of the Neck, down to the lower part of the Thorax; from whence it passes into the Abdomen through a particular Hole of the small or inferior Muscle of the Diaphragm, and ends at the upper Orifice of the Stomach.

*Structure and Coats.*

159. IT is made up of several Coats almost in the same manner as the Stomach, of which it is the Continuation. The first Coat, while in the Thorax, is formed only by the Duplication of the posterior part of the Mediastinum, and is wanting above the Thorax and in the Neck, where the outer Coat of the *Œsophagus* is only a Continuation of the Cellular Substance belonging to the neighbouring parts.

160. THE second Coat is Muscular, being made up of several Strata of fleshy Fibres. The outermost are mostly longitudinal; but they are not all continued from one end of the Canal to the other. The following Strata are obliquely transverse, the next to these, more transverse, and the innermost are turned a little obliquely the contrary way. They cross each other irregularly in many places, but are neither Spiral nor Annular.

161. THE third is termed the Nervous Coat, and is like that of the Stomach and Intestines. It is differently folded or plaited according to its length, being much wider than the Muscular Coat; and it is surrounded by a whitish, soft, fine Filamentary Substance like a kind of Cotton, which when steep'd in Water, swells and grows thicker.

162. THE fourth or innermost Coat resembles in some measure that of the Intestines, except that instead of the Villi it has small and very short Papillæ. It is folded lengthwise like the third Coat; so that the Œsophagus when cut across, represents one Tube within another. Through the Pores of this Coat, a viscid Lympha is continually discharged.

163. THE Œsophagus from its very beginning, turns a little to the left Hand, and naturally runs along the left Extremities of the Cartilages of the Aspera Arteria. The Thyroide Gland and those which lie behind the middle of the Œsophagus shall be described in another place, and I refer the Pharynx as well as the Larynx to the Description of the Head, for a reason that shall be given there.

#### § 5. *Ductus Thoracicus.*

164. THE Thoracic Duct is a thin transparent Canal, which runs up from the Receptaculum Chyli, along the Spina Dorsi, between the Vena Azygos and Aorta as high as the fifth Vertebra of the Back or higher. From thence it passes behind the Aorta toward the left Hand, and ascends behind the left Subclavian Vein, where it terminates in some Subjects, by a kind of Vesicula, in others by several Branches united together, and opens into the backside of the Subclavian Vein near the outside of the internal Jugular.

165. THIS Canal is plentifully furnished with Semilunar Valves turned upward. Its Opening into the Subclavian Vein in the Human Body, is, in the place of Valves, covered by several Pelliculæ so disposed as to permit the entrance of the Chyle into the Vein, and hinder the Blood from running into the Duct. It is sometimes double, one lying on each side, and sometimes it is accompanied by Appendices called Rampiniformes.



## S E C T. X.

*A Description of the Head.*

1. **I**N the Descriptions of the Abdomen and Thorax, I began by an account of the External Parts of these two Cavities of the Human Body; and afterwards I proceeded to the internal Parts; but I must observe a different order in describing the Head. I shall here explain first of all, the Contents of the Cranium or all that lies within that bony Cavity; and afterwards all that surrounds it on the outside; and it is very proper that the Reader should review what has been said concerning the Structure of the Cranium in both Treatises of the Bones, before he begins this Section.

2. THE Head being considered in general as one of the three principal Cavities of the Human Body, has this peculiar to it, that its outside is the Seat and Basis of several very complex particular Organs, whereas on the inside it contains only one, which is indeed the Organ of Organs, and the Primum Mobile of the whole Animal Œconomy; I mean the Brain, the Mechanism of which is still very little known; and the Structure of its different Parts, even of those which we are supposed to be most acquainted with, is very difficult to be demonstrated.

## A R T. I.

*The Brain and its Appendages.*

3. **T**HE name of Brain is given to all that Mass which fills the Cavity of the Cranium, and which is immediately surrounded by two Membranes called Meninges by the Greeks, and Matres by other Ancients, because they were commonly of opinion that these Membranes were the Origin, and, as it were, the Mother of all the other Membranes of the Body.

4. THIS general Mass is divided into three particular Portions; the Cerebrum or Brain properly so called, the Cerebellum and Medulla Oblongata. To these three Parts contained within the Cranium, a fourth is added which fills the great Canal of the Spina Dorfi by the name of Medulla Spinalis, being a continuation of the Medulla Oblongata.

5. THE Meninges or Membranes are two in number, one of which is very strong, and lies contiguous to the Cranium; the other is very thin and immediately touches the Brain. The first is named Dura Mater; the second Pia Mater, which is again divided into two, the external Lamina being

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being termed Arachnoides ; the internal retaining the common name of Pia Mater. I begin by these Meninges.

### § 1. Dura Mater.

6. THE Dura Mater incloses the Brain and all its Appendages. It lines the *Situation in* inside of the Cranium, and supplies the place of an internal Periosteum, *general.* being spread in all the Holes and Depressions, and covering all the Eminences in such a manner as to prevent their being hurtful to the Brain.

7. In describing the Dura Mater we must take notice, 1. Of its *Composition.* Division. 2. Its Adhesions to the Cranium. 3. Its Folds or Septa. 4. Its Productions, Vessels and Nerves.

8. THE Dura Mater is made up of two Laminæ, adhering very closely *Composition:* together ; the Fibres of both, crossing each other obliquely. By rubbing any part of this Membrane between the Fingers, we easily perceive the two Laminæ sliding a little upon each other. Their Texture is very close and strong, appearing to be partly Ligamentary and partly Tendinous.

9. THE Dura Mater sticks closely to the Cranium by a great number of *Adhesions* Filaments of the external Lamina, which enter the Pores of the Bones chiefly at the Sutures both above and below ; and by penetrating these Joints, they communicate with the external Periosteum. These Filaments are for the most part, small Vessels, which being broken in separating the Dura Mater from the Skull, a great number of red Points appear on the external Surface of that Membrane.

10. It adheres much more to the whole inner Surface of the Cranium in Children and young Persons than in those of an advanced Age, the Filaments becoming then very small, being compressed by the Contraction of the bony Pores ; and consequently they are more easily ruptured by any force applied to them.

11. THESE Adhesions are formed intirely by the external Lamina. The *Internal La-* internal Lamina is very smooth and polished on the inside, which is also *mina.* continually moistened by a fine Fluid discharged through its Pores, much in the same manner as in the Peritonæum and Pleura.

12. THE Folds of the Dura Mater are made by the internal Lamina ; *Folds and* and three of them form particular Septa ; one of which is superior, repre- *Septa.* senting a kind of Mediastinum between the two great Lobes of the Brain. The second is in a middle Situation, like a Diaphragm between the Cerebrum and Cerebellum ; the third is inferior between the Lobes of the Cerebellum. The superior Septum is Longitudinal in form of a Scythe, from whence it is termed the Falx of the Dura Mater ; and it may likewise be called Septum Sagittale, Verticale, or Mediastinum Cerebri. The middle Septum is transverse, and might be called the Floor of the Cerebrum, the Diaphragm of the Brain, or the Tent of the Cerebellum. The inferior Septum is very small, and runs down between the Lobes of the Cerebellum ; on which account it may be termed either simply Septum Cerebelli, or



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Septum Occipitale Minus; the middle Partition being looked upon as the Septum Occipitale Majus.

13. THE Superior or Vertical Septum called the Falx of the Dura Mater is a long and broad Fold or Duplicature of the internal Lamina, reaching from the Edge of the Crista Ossis Cribrosi, along the Sagittal Suture, to the middle of the transverse Septum; which it joins in such a manner, as that the lateral Laminae of the Falx are continuous on each side, with the neighbouring Portions of the superior Lamina of the middle Septum.

14. IT is broader where it joins the middle Septum than at the Os Ethmoides, and it is thicker at that Edge which adheres to the Cranium than at the other which lies loose and is very sharp, and from this resemblance to a Scythe it had the name of Falx.

15. THE transverse or middle Septum is fixed to the Os Occipitis along the Grooves of the lateral Sinuses, and those of the great Angles of the Apophyses Petrosae all the way to the posterior Clinoid Apophyses of the Os Sphenoidale. By this Situation it forms a sort of Floor, Tent, or shallow Vault, on the forepart of which is a large Notch almost of an oval Figure.

16. THIS Septum divides the Cranium into two Cavities, one large or superior, and the other small or inferior, which communicate together by the great oval Notch. It is formed by a particular Fold and a very broad Membrane of the internal Lamina of the Dura Mater; and in the natural state it is very tense, because of its Union, or rather Continuity with the Falx.

17. THIS Union or Continuity of these two Septa, keeps them both very tense, so that the middle Septum is capable of sustaining a considerable Weight without sinking downward; and the Falx is able to resist lateral Pressures without giving way either to the right Hand or to the left.

18. WE may be convinced of this reciprocal Tension by first touching these two Septa in their natural state; and again, after they have been cut one after the other according to their breadth, or rather after having cut in this manner the Falx in one Subject and the transverse Septum in another; for as soon as the Falx is cut, the other will be perceived immediately to lose its Tension and Firmness; and the same thing will be observed in the Falx as soon as we cut the Septum Medium.

19. THE small Occipital Septum is both very short and narrow. It runs down from the middle of the transverse Septum, to the Edge of the great Occipital Hole, being fixed to the internal Spine of the Os Occipitis. It is formed by a Fold and Duplicature of the internal Lamina of the Dura Mater, in the same manner as the other two, and distinguishes the lower part of the Occipital Cavity of the Cranium into two lateral Parts. In some Subjects this Septum is double, answering to the double Spine of the Os Occipitis.

*Sphenoidal  
Folds.*

20. BESIDES these large Folds, there are two small lateral ones, on each side of the Sella Sphenoidalis, each running from the posterior to the anterior Clinoid Apophysis on the same side. These two Folds, together with

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with the anterior and posterior parts of the Sella Sphenoidalis, form a small Fossula in which the Pituitary Gland is lodged. There are likewise two anterior Folds, at the Edges of the Sphenoidal or Superior Orbital Fissures, which augment the depth of the middle Fossulae of the Basis Cranii. Thus we have seven Folds of the internal Lamina of this Membrane, three large and four small, which may be termed internal Productions or Processes of the Dura Mater.

21. THE Elongations of the Dura Mater are Productions of both Laminae which go beyond the general Circumference and pass out of the Cranium, through the Openings described in the Treatise of the Skeleton; and in this they differ from the Folds which are formed intirely by one Lamina and do not go out of the Skull. They may be named the external Productions of the Dura Mater. *Elongations.*

22. THE most considerable of these Elongations passes through the great Occipital Foramen, and runs down the common Canal of the Vertebrae in form of a Tube, lining the inside of that Canal and inclosing the Medulla Spinalis, by the name of the Dura Mater of that Medulla. The other Elongations accompany the Nerves out of the Cranium in form of Vaginae, which are more numerous than the Nervous Trunks reckoned in Pairs. For the Olfactory Nerves, there is the same number of distinct Vaginae as there are Holes in the Lamina Ethmoidalis; and some Nerves are accompanied by several Vaginae through one Hole, as those of the ninth Pair.

23. THERE are two particular Elongations which form the Periosteum of the Orbits, together with the Vaginae of the Optic Nerves. These Orbital Elongations go out by the Sphenoidal or Superior Orbital Fissures, and increasing in breadth in their Passage, line the whole Cavity of the Orbits, at the Edges of which they communicate with the Pericranium and Periosteum of the Face. They communicate likewise through the Sphenomaxillary or inferior Orbital Fissures with the Pericranium of the Temporal and Zygomatic Fossae; and by these Communications we may explain the accidents which happen to these Parts, in Wounds of the Head.

24. THE Elongations of the Dura Mater which accompany the Blood-Vessels through the Foramina of the Cranium, unite with the Pericranium immediately afterwards. Such for instance, are the Elongations which line the Fossulae of the Foramina Lacera or Jugularia, and the bony or carotid Canals of the Apophysis Petrosa, &c.

25. THE Vessels of the Dura Mater are Arteries, Veins and Sinuses. *Arteries.* The Arteries in general are distinguished into Anterior, Middle and Posterior, and come from the Carotides and Vertebrales on each side. The External Carotid sends a Branch through the Spinal Hole of the Os Sphenoidale, which is the middle Artery of the Dura Mater, and is called by way of Eminence, Arteria Duræ Matris. It is divided into a great number of Branches which are plentifully dispersed through the Substance of the external Lamina as high as the Falx, where these Ramifications communicate with their Fellows from the other side. The Impressions of this Artery are



seen on the inside of the Parietal Bones, the anterior and lower Angle of which, instead of a simple Impression, contains a Canal for the Passage of a Trunk or Branch of this Artery, on which account several accidents happen in Fractures of the Skull, as I demonstrated at the [Royal Garden above eight Years ago.

26. THE External Carotid sends another small Ramus through the Corner or small End of the Sphenoidal or Superior Orbital Fissure, where there is sometimes a little Notch on purpose, mentioned in the Description of the Skeleton. This Branch is the anterior Artery of the Dura Mater, and it gives off Ramifications in the same manner as the former with which it communicates, but its Ramifications are not so numerous. The Internal Carotid, as it enters the Cranium, gives off a small Branch to the substance of the Dura Mater.

27. THE two Vertebral Arteries enter by the great Occipital Foramen, and unite in one Trunk on the Anterior or Sphenoidal Apophysis of the Os Occipitis. Immediately afterwards, they enter the Substance of the Dura Mater on both sides, each of them by one or two Branches. These are the posterior Arteries of the Dura Mater; and they communicate by some Ramifications with the Middle or Spinal Artery abovementioned.

*Veins and  
Sinuses.*

28. THE Dura Mater contains in its Duplicature several particular Canals, into which the Venal Blood not only of that Membrane, but of the whole Brain, is carried. These Canals are termed Sinuses, and some of them are disposed in Pairs, others in uneven numbers, that is, some of them are placed alone, in a middle Situation; others are disposed laterally on each side of the Brain. The most ancient Anatomists reckoned only four; to which we can now add four times as many.

29. THESE Sinuses are in the Duplicature of the Dura Mater; and their Cavities are lined on the inside by particular very fine Membranes. They may be enumerated in this manner.

THE great Sinus of the Falx or Superior Longitudinal Sinus, which was reckoned the first by the Ancients.

Two great lateral Sinuses, the second and third of the Ancients.

THE Sinus called Torcular Herophili, the fourth of the Ancients.

THE small Sinus of the Falx or inferior Longitudinal Sinus.

THE Posterior Occipital Sinus, which is sometimes double.

Two Inferior Occipital Sinuses which form a Portion of a Circle, and may likewise be called the Inferior Lateral Sinuses.

Six Sinus Petrosi, three on each side, one Anterior, one Middle or Angular, and one Inferior. The two Inferior, together with the Occipital Sinuses, compleat a Circular Sinus round the great Foramen of the Os Occipitis.

THE Inferior Transverse Sinus.

THE Superior Transverse Sinus.

Two Circular Sinuses of the Sella Sphenoidalis; one superior and one inferior.

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Two Sinus Cavernosi, one on each side.

Two Orbital Sinuses, one on each side.

30. ALL these Sinuses communicate with each other, and with the great lateral Sinuses by which they discharge themselves into the internal Jugular Veins, which are only Continuations of these lateral Sinuses. They likewise unload themselves partly into the Vertebral Veins, which communicate with the small lateral or inferior Occipital Sinuses; and partly into the external Jugular Veins, by the Orbital Sinuses which communicate with the Venæ Angulares, Frontales, Navales, Maxillares, &c. as the lateral Sinuses likewise communicate with the Venæ Occipitales, &c.

31. THUS the Blood which is carried to the Dura Mater, &c. by the external and internal Carotid, and by the Vertebral Arteries, is returned to the Heart by the external and internal Jugular and Vertebral Veins; so that when the passage of the Blood is obstructed in any particular place, it finds another way, by virtue of these Communications, though not with the same ease. This Observation is of consequence in relation not only to Obstructions, but to the different Situations of the Head.

32. THE great Sinus of the Falx reaches from the Connexion of the Ethmoidal Crista with the Os Frontis, along the upper Edge of the Falx, all the way to the posterior Edge of the transverse Septum, where it ends by a Bifurcation in the great lateral Sinuses. It is very narrow at its anterior Extremity, and from thence becomes gradually wider all the way to its posterior Extremity.

33. THE Cavity of this Sinus is not Cylindrical but triangular, having in a manner, three sides, one superior parallel to the Cranium and two lateral, inclined to the Plane of the Falx. The upper side is formed by the external Lamina of the Dura Mater, and through the middle of its breadth a kind of fine Raphe or Suture runs from one end to the other.

34. THE two lower or lateral sides are Productions of the internal Lamina, which having parted from the external, are inclined toward each other, and then unite; forming first the Sinus, and afterwards the Duplicature of the Falx. This Sinus is lined interiorly by a fine proper Membrane, which forms likewise a kind of Raphe or Suture along the bottom of the Sinus, that is along the union of the two lateral sides.

35. IN this Sinus we observe several Openings and several Ligamentary Fræna. The Openings are Orifices of Veins, the smallest of which belong to the Dura Mater, the largest to the Brain. The Veins of the Brain enter the Sinus, for the most part, obliquely from behind forward, after they have run about a Finger's breadth in the Duplicature of the Dura Mater.

36. IT has been thought that the Arteries of the Dura Mater discharged themselves immediately into the Sinuses, because Injections made by the Arteries or a Hog's Bristle thrust into them, have been found to pass into these Sinuses. But on a more close examination, it has been discovered that the Injections passed from the Arteries into the Veins, and from thence  
into



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into the Sinuses, through the small Orifices already mentioned; and that the Hog's Bristle pierced the sides of the Artery, which near the Sinuses are very thin.

37. THIS mistake gave rise to another, that the Dura Mater had no Veins; and what confirmed it was, that the Arteries of the Dura Mater cover the Veins so intirely, that the Edges of the Veins are hardly perceivable on either side of the Arteries. There are however some places where the Veins being broader than the Arteries, their two Edges are seen on each side of the Arteries like Capillary Vessels. These Veins are for the most part Branches of the Sinuses, and the small Trunks of some of them, open into the Head of the Vena Jugularis Interna. We may easily be satisfied that the Arteries on both sides of the Dura Mater communicate with each other above the Falx, either by injecting or blowing into them.

38. THE internal Fræna of this great Sinus appear to be Tendinous, and to be designed to prevent the too great Dilatation of the Sinus by the Blood. They vary, however, in different Subjects, and do not always reach from one side to the other. It has been pretended that Glands have been found there; but we ought to take care not to mistake for such, certain small Corpuscles which are the products of Diseases.

39. THE inferior Sinus of the Falx is situated in the lower Edge of its Duplicature, being very narrow, and as it were, flatted on both sides. It communicates immediately with the fourth Sinus of the Ancients; and in some Subjects, seems even to be a continuation thereof. It likewise communicates with the great or superior Sinus, by small Veins which go from one to the other, and with the Veins of the Cerebrum by the same means.

40. THE lateral Sinuses represent two large Branches of the superior longitudinal Sinus, one going to the right Hand the other to the left, along the great Circumference of the transverse Septum, all the way to the Basis of the Apophysis Petroſa of the Oſſa Temporum. From thence they run down, having first taken a large turn and then a small one; and being strongly fixed in the lateral Grooves of the Basis Cranii, they follow the course thereof all the way to the Foramina Lacera and Fossulæ of the Jugular Veins.

41. THEY do not always arise by an equal and Symmetrical Bifurcation of the superior longitudinal Sinus; for in some Subjects, one of the lateral Sinuses appears to be a continuation of the Longitudinal, and the other, to be a Branch from it. This variety may happen on either side; and in a word, we sometimes find one of these Sinuses higher or lower, larger or smaller than the other.

42. THE Cavity of these lateral Sinuses is likewise triangular, and furnished with a proper Membrane and with Fræna; and it has also the small venal Openings which indeed are common to it, not only with the longitudinal Sinus, but with most part of the others. The posterior or outer  
side

side of this Cavity, is formed by the external Lamina of the Dura Mater, and the other two by the internal Lamina.

43. As these two Sinuses go out by the posterior Portions of the Openings of the Basis Cranii, called Foramina Lacera, they are dilated into a kind of Bag, proportioned to the Fossulæ of the Venæ Jugulares, where they terminate in these Veins.

44. NEAR the Concourse of the superior longitudinal and lateral Sinuses, we observe an Opening (sometimes double) which is the Orifice of a Sinus situated along the Union of the Falx and transverse Septum. It does not always end directly at the lower part of the superior Sinus, but sometimes opens at the beginning of one of the lateral Sinuses, especially when the Bifurcation is not equal; and in this case it often terminates in that lateral Sinus, which appears like a Branch from the common Trunk of the superior and other lateral Sinus.

45. THIS Sinus has been named Torcular Herophili, from an ancient Author, who imagined that the Blood was in a manner, in a Press, at the Union of these four Sinuses. Its Diameter is but small, and it forms a kind of Bifurcation with the inferior longitudinal Sinus, and with a Vein of the Cerebrum which is sometimes double, called Vena Magna Galeni.

46. THE cavernous or lateral Sinuses of the Os Sphenoides are Reservoirs of a very particular kind, containing not only Blood, but considerable Vessels and Nerves, as we shall see hereafter; and likewise a spongy or cavernous Substance full of Blood, much like that of the Spleen or Corpus Cavernosum of the Urethra.

47. WE observe some Nervous Filaments which go to the Dura Mater; *Nerves and* from the Trunk of the fifth Pair, at the entry of the cavernous Sinus; *Glands.* and from the common Trunk of the eighth Pair and Nervus Accessorius or Spinalis, as they pass through the Foramen Lacerum. The small Tubercles sometimes found on the lateral sides of the longitudinal Sinus of the Falx, deserve still to be examined before we can determine any thing about them. The whole inside of the Dura Mater is moistened in the same manner as the Peritonæum and Pleura.

48. THE prominent Fibres intersecting each other in different manners, which appear on the inside of the Dura Mater, especially near the Falx and transverse Septum, and which have been taken for a kind of fleshy Fibres, seem to be only Ligamentary and Elastic. The universal Adhesion of this Membrane to the Cranium, prove that it can have no particular Motion, and consequently that such fleshy or muscular Fibres would be altogether useless. This Adhesion was plainly demonstrated by *Vesalius, Riolan, &c.* long before *Roonbuisen*.

#### § 2. Pia Mater.

49. THIS Membrane surrounds the whole Mass of the Brain more particularly than the Dura Mater. It adheres very closely to the Brain, and *Situation is* general.  
is.



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is connected to the Dura Mater only by the Veins which open into the Sinuses, as has been already said.

*Structure.*

50. THE Pia Mater is made up of two very fine Laminæ, the outermost of which covers pretty uniformly, all the convex Surface of the Brain, and lines in the same manner all the concave or inner Surface of the Dura Mater. The internal Lamina forms a great number of Plicæ, Duplicatures and Septa, which insinuate themselves into all the Folds and Circumvolutions, and between the different Strata of the Cerebrum and Cerebellum.

51. THE two Laminæ of the Pia Mater are not so closely united as those of the Dura Mater, being connected only by a cellulous Substance, which accompanies them through their whole extent, except at some places of the Basis of the Cerebrum, &c. where the internal Lamina continuing its Insertions, the external remains uniformly stretched over the prominent Parts, the Interstices of which are entirely separated from the other Lamina without any cellular Substance between them. These separate Portions of the external Lamina have made it be looked upon as a third Membrane of the Brain distinct from the Pia Mater; and it has been named Membrana Arachnoides from its resemblance to a Cobweb in delicacy of Texture.

52. IN each of these Laminæ of the Pia Mater, we discover another kind of fine Duplicature which contains Vessels, as I have demonstrated in my private Courses; but these small Vessels are hardly perceivable without the help of an Injection, or of a great Inflammation. The cellular Substance does not only accompany the two Laminæ through their whole common extent, in the manner already said, but also the internal Lamina in particular through all its Duplicatures and Septa. This we discover by blowing through a small Pipe cautiously introduced between the two Laminæ, so as not to offend any of the Parts near it, in the manner which I demonstrated publickly in the Year 1726. in the Dissections which I performed my self at the Physick Schools, after the example of the great *Riolan*.

## § 3. Cerebrum.

*Situation and Figure.*

53. THE Cerebrum properly so called, is a kind of Medullary Mass, of a moderate Consistence, and of a greyish Colour on the outer Surface, filling all the superior Portion of the Cavity of the Cranium, or that Portion which lies above the transverse Septum. The upper part of the Cerebrum is of an oval Figure like half an Egg cut lengthwise, or rather like two Quarters of an Egg cut lengthwise, and parted a little from each other. It is flatter on the lower part, each lateral half of which is divided into three Eminences called Lobes, one anterior, one middle, and one posterior.

*Substance.*

44. THE Substance of the Cerebrum is of two kinds distinguished by two different Colours; one part of it which is softest, being of a greyish or Ash-Colour; the other which is more solid, being very white. The Ash-

Ash-coloured Substance lies chiefly on the outer part of the Cerebrum like a kind of Cortex, from whence it has been named Substantia Corticalis or Cinerea. The white Substance occupies the inner part, and is named Substantia Medullaris, or simply Substantia Alba.

55. THE Cerebrum is divided into two lateral Portions, separated by the Falx, or great longitudinal Septum of the Dura Mater. They are generally termed Hemispheres, but they are more like Quarters of an oblong Spheroid. Each of these Portions is divided into two Extremities, one anterior and one posterior, which are termed the Lobes of the Cerebrum, between which there is a large inferior Protuberance which goes by the same name; so that in each Hemisphere there are three Lobes, one anterior, one middle and one posterior. *Division and Lobes.*

56. THE anterior Lobes lie upon these Parts of the Os Frontis which contribute to the Formation of the Orbits and of the Frontal Sinuses, commonly called the anterior Fossæ of the Basis Cranii. The posterior Lobes lie on the transverse Septum; and the middle Lobes, in the middle or lateral Fossæ of the Basis Cranii.

57. EACH lateral Portion of the Cerebrum has three sides, one superior, which is convex, one inferior, which is uneven, and one lateral, which is flat, and turned to the Falx. Through the whole Surface of these three sides we see Inequalities or Windings like the Circumvolutions of Intestines, formed by waving Streaks or Furrows very deep and narrow, into which the Septa or Duplicatures of the Pia Mater insinuate themselves, and thereby separate these Circumvolutions from each other. *Sides and Inequalities.*

58. NEAR the Surface of the Cerebrum, these Circumvolutions are at some distance from each other, representing Serpentine Ridges; and in the Interstices between them, the superficial Veins of the Cerebrum are lodged, between the two Laminæ of the Pia Mater, from whence they pass into the Duplicature of the Dura Mater, and so open into the Sinuses.

59. THESE Circumvolutions are fixed through their whole depth to the Septa or Duplicatures of the Pia Mater, by an infinite number of very fine vascular Filaments, as may be seen by pulling the Circumvolutions a little asunder with the Fingers.

60. WHEN they are cut transversely, we observe that the Substantia Alba lies in the middle of each Circumvolution, so that there is the same number of internal Medullary Circumvolutions as of external Cortical ones; the first representing white Laminæ invested by others of an Ash-colour; but the cortical Substance is in many places thicker than the medullary.

61. THE anterior and middle Lobes of the Cerebrum on each side are parted by a deep narrow Sulcus, which ascends obliquely backward, from the Temporal Ala of the Os Sphenoides to near the middle of the Os Parietale; and the two sides of this Division have each their particular Ridges and Circumvolutions, which gives a very great extent to the cortical Substance. This Sulcus is termed Fissura Magna Silvii, or simply Fissura Cerebri. *Figure.*



*Corpus Callosum.*

62. HAVING cut off the Falx from the Crista Galli, and turned it backward; if we separate gently the two lateral Parts or Hemispheres of the Cerebrum, we see a longitudinal Portion of a white convex Body, which is named Corpus Callosum. It is a middle Portion of the medullary Substance, which under the inferior Sinus of the Falx, and also a little toward each side, is parted from the Mass of the Cerebrum, to which it is simply contiguous from one end of that Sinus to the other, so that at this place, the Edge of the inside of each Hemisphere, only lies on the Corpus Callosum, much in the same manner as the anterior and posterior Lobes lie on the Dura Mater. Both Extremities of this medullary Body terminate by a small Edge bent transversely downward.

63. THE Surface of the Corpus Callosum is covered by the Pia Mater, which runs in between the lateral Portions of this Body, and the lower Edge of each Hemisphere. Along the middle of its Surface from one end to the other, there is a kind of Raphe formed by a particular Intertexture of Fibres which cross each other; for though these Fibres appear to be transverse, yet they are really a little oblique, and those that come from the right side intersect those that come from the left. This Raphe is made more perceivable by two small medullary Cords which accompany it on each side, and adhere closely to the transverse Fibres.

*Medullary Arch and Centrum Ovale.*

64. THE Corpus Callosum becomes afterwards continuous on each side, with the medullary Substance, which through all the remaining part of its extent, is intirely united with the cortical Substance, and together with the Corpus Callosum forms a medullary Arch or Vault of an oblong or oval Figure. To perceive this, the whole cortical Substance, together with the medullary Laminæ mixed with it, must be cautiously and dexterously cut off in the same Direction with the Convexity of the Cerebrum. After which we will observe a medullary Convexity much smaller than that which is common to the whole Cerebrum, but of the same form; so that it appears like a medullary Nucleus of the Cerebrum, especially when we consider it together with the medullary Substance of the inferior Part or Basis of the Cerebrum. And from thence *M. Vieussens* took occasion to name this Nucleus the Centrum Ovale.

*Ventriculi Laterales.*

65. UNDER this Arch are two lateral Cavities, much longer than they are broad, and very shallow, separated by a transparent medullary Septum, of which hereafter. These Cavities are generally named the anterior superior Ventricles of the Cerebrum, to distinguish them from two other smaller Cavities which are situated more backward, as we shall see presently; but the name of lateral or great Ventricles given them by *Steno*, is more proper than either of the other two.

66. THE lateral Ventricles are broad, and rounded at these Extremities which lie next the transparent Septum. They go from before backward, contracting in breadth, and separating from each other gradually in their progress. Afterwards they bend downward, and return obliquely from behind forward in a course, like the turning of a Ram's Horn, and terminate

nate almost under their superior Extremities, only a little more backward and outward.

67. At the place where they begin to bend in order to run downward and then backward, there is on each side a particular Elongation which runs from before backward, and terminates in a triangular pointed Cavity turned a little inward, the two Points resembling Horns. These Ventricles are every where lined with a thin Membrane.

68. THE transparent Partition or Septum Lucidum, as it is commonly called, lies directly under the Raphe or Suture of the Corpus Callosum, of which it is a Continuation, and a kind of Duplicature. It is made up of two medullary Laminæ, more or less separated from each other by a narrow medullary Cavity, sometimes filled with a serous Substance. This Cavity in some Subjects, reaches a great way backward; and I am apt to think, communicates with the third Ventricle, of which hereafter.

69. THE Septum Lucidum is united by its lower part, to the anterior Portion of that particular medullary Body, called improperly the Fornix with three Pillars, because of some resemblance it is thought to bear to the Arches of ancient Vaults. It is in reality nothing but the Corpus Callosum, the lower side of which is like a hollow Ceiling with three Angles, one anterior and two posterior; and three Edges, two lateral and one posterior. The lateral Edges are terminated each by a large semicylindrical Border, like two Arches, which uniting at the anterior Angle, form by their Union what is called the anterior Pillar of the Fornix; and as they run backward separately toward the two posterior Angles, they have then the name of the posterior Pillars.

70. THE anterior Pillar being double is larger than either of the posterior; and the Marks of this Duplicity always remain. Immediately below the Basis of this Pillar, we observe a large, white, short, medullary Rope stretched transversely between the two Hemispheres, and commonly called the anterior Commissure of the Cerebrum. It is to this Pillar that the Septum Lucidum adheres; but it has no total Adhesion below, and therefore the two lateral Ventricles communicate with each other. The posterior Pillars are bent downward, and continued through the lower Portions of the Ventricles all the way to their Extremities, resembling a Ram's Horn, which is a name that has been given to them. They diminish gradually in thickness during this course, and at their outsides they have each a small, thin, flat, collateral Border, to which the name of Corpora Fimbriata is owing.

71. THE inferior Surface of the triangular Ceiling which lies between these Arches, is full of transverse, prominent, medullary Lines; for which reason the Ancients called it Psalloides and Lyra, comparing it to a stringed Instrument, something like what is now called a Dulcimer.

72. THE Fornix being cut off and inverted, or quite removed, we see first of all a vascular Web, called Plexus Choroides, and several Eminences more or less covered by the Expansion of that Plexus. There are four Pairs of Eminences which follow each other very regularly, two large and



two small. The first two great Eminences are named Corpora Striata; and the second, Thalami Nervorum Opticorum. The four small Eminences are closely united together; the anterior being called Nates, and the posterior, Testes; but it would be better to call them simply, anterior and posterior Tubercles. Immediately before these Tubercles there is a single Eminence called Glandula Pinealis.

*Corpora  
Striata.*

73. THE Corpora Striata got that name, because in scraping them with the Knife we meet with a great number of white and ash-coloured Lines alternately disposed, which are only the transverse Section of the medullary and cortical Laminæ, mixed together in a vertical Position in the Basis of the Cerebrum, as appears evidently by Incisions made from above downward. These two Eminences are of a greyish Colour on the Surface, oblong, roundish, pyriform, and larger on the fore than on the back part, where they are narrow and bent.

74. THEY lie in the bottom of the superior Cavity of the lateral Ventricles, which they resemble in some measure in Shape, their anterior Parts being near the Septum Lucidum, from which they separate gradually as they run backward and diminish in size. They are in reality the convex Bottoms of the Ventricles, and it is at the lower part of the Interstice between the largest Portions of them, that we observe the great transverse Cord, named the Anterior Commissure of the Cerebrum, which I mentioned already in describing the anterior Pillar of the Fornix Callosus. This Cord communicates more particularly with the Bottom of the Corpora Striata, by a turn toward each side.

*Thalami  
Nervorum  
Opticorum.*

75. THE Thalami Nervorum Opticorum are so named, because these Nerves arise chiefly from them. They are two large Eminences placed by the side of each other, between the posterior Portions or Extremities of the Corpora Striata. Their Figure is Semi-spheroidal and a little Oval; and they are of a whitish Colour on the Surface; but their inner Substance is partly greyish and partly white, so that in cutting them, we see Streaks of different Colours like those of the Corpora Striata.

76. THESE two Eminences are closely joined together, and at their convex part, they are so far united as really to become one Body, the whitish outer Substance being continued uniformly over them both. This Substance is very thin, and falls to pieces only by the Weight of the lateral Parts of the Brain when taken out of the Cranium. Therefore to learn the Structure of these Eminences, they must be examined in Situ, and even there they must be handled very gently.

77. IMMEDIATELY within this whitish common Substance, these two Eminences are closely contiguous till about the middle of their thickness; and from thence they separate insensibly toward the bottom, where by the Space left between them a particular Canal is formed, named the third Ventricle, one Extremity of which opens forward, the other backward, as we shall see hereafter. Some Anatomists have mistaken the superficial Connexion of these Eminences for the Pons Varolii.

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78. AT the bottom, these two Eminences are elongated downward toward both sides, into two thick, round, whitish Cords, which separate from each other like Horns, by a large Curvature, and afterwards by a small Curvature turned forward in an opposite Direction to the former, and representing the Tip of an Horn, they approach each other again. The Size of these Ropes diminishes gradually from their Origin to their anterior Reunion. I shall have occasion to mention them in another place in speaking of the Optic Nerves.

79. THE Tubercles are four in number, two anterior and two posterior; *Tubercula* adhering together as if they made but one Body situated behind the Union of the Thalami Nervorum Opticorum. They are transversely oblong; the anterior being a little more rounded, and broader or larger from before backward, than the posterior. Their Surface is white and their inner Substance greyish. The names of Nates and Testes given to these Tubercles, are very impertinent, there being no resemblance between them and the things from whence these names are taken. I should like to call them Tubercula Quadrigemina; that term being used by Anatomists on another like occasion, to express four small Muscles lying near each other, and inserted round the great Trochanter of the Os Femoris.

80. DIRECTLY under the place where the Tubercles of one side are united to those of the other side, lies a small middle Canal, which communicates by its anterior Opening with the third Ventricle, under the Thalami Nervorum Opticorum, and by its posterior Opening, with the fourth Ventricle, which belongs to the Cerebellum, as we shall afterwards see. *Canalis Medius.*

81. WHERE the convex Parts of the two anterior Tubercles join these posterior convex parts of the Thalami Nervorum Opticorum, an Interstice or Opening is left between these four Convexities which communicates with the third Ventricle, and with the small middle Canal. Instead of the ridiculous name of Anus which has been given to this Opening, it may be called Foramen Commune Posterius, to distinguish it from another which shall be mentioned hereafter, by the name of Foramen Commune Anterior. *Foramen Commune Posterius.*

82. THE Glandula Pinealis is a small soft greyish Body, about the size of an ordinary Pea, irregularly round, and sometimes of the Figure of a Pine-Apple, situated behind the Thalami Nervorum Opticorum, above the Tubercula Quadrigemina. It is fixed like a small Button to the lower part of the Thalami by two very white medullary Pedunculi, which at the Gland are very near each other, but separate almost transversely toward the Thalami. *Glandula Pinealis.*

83. IT seems to be mostly of a cortical Substance, except near the Footstalks where it is something medullary. The Footstalks are sometimes double, as if they belonged to the two anterior Tubercles. This Body adheres very close to the Plexus Choroides by which it is covered, as we shall see hereafter; and it therefore requires some Dexterity to separate it from the Glandula, without altering its Situation or breaking the Pedunculi. This Gland has been often found to contain Gravel. Below



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*Infundibulum.*

*The third Ventricle.*

*Plexus Choroides.*

the Glandula Pinealis there is a medullary transverse Cord, called the Posterior Commissure of the Hemispheres of the Cerebrum.

84. BETWEEN the Basis of the anterior Pillar of the Fornix, and the anterior part of the Union of the Optic Thalami, lies a Cavity or Fossula named Infundibulum. It runs down towards the Basis of the Cerebrum, contracting gradually, and terminates in a streight Course, by a small membranous Canal, in a softish Body situated in the Sella Sphenoidalis, named Glandula Pituitaria. The Infundibulum opens above, immediately before the Optic Thalami, by an oval Hole named Foramen Commune Anterius, and consequently communicates with the lateral Ventricles.

85. AT the lower part of the Thalami Nervorum Opticorum directly under their Union, lies a particular natural Canal, called the third Ventricle of the Cerebrum. I call it a natural Canal, that we may not mistake for it, an accidental Fissure which lies between the Thalami in Cerebra taken out of the Cranium, as I have already said.

86. THIS Canal opens forward into the Infundibulum under the Foramen Commune Anterius, by which it likewise communicates with the lateral Ventricles. It opens backward under the Foramen Commune Posterius, between the Thalami and Tubercula Quadrigemina, opposite to the small middle Canal which goes to the Cerebellum.

87. THE Plexus Choroides is a very fine vascular Texture, consisting of a great number of arterial and venal Ramifications, partly collected in two loose Fasculi, which lie one in each lateral Ventricle, and partly expanded over the neighbouring Parts, and covering in a particular manner the Thalami Nervorum Opticorum, Glandula Pinealis, Tubercula Quadrigemina, and the other adjacent Parts both of the Cerebrum and Cerebellum, to all which it adheres.

88. IN each lateral Portion of this Plexus we observe a venal Trunk, the Ramifications of which are spread through the whole extent of the two Portions. Near the Glandula Pinealis, these two Trunks approach each other, and uniting behind that Gland, they open into the Torcular or fourth Sinus of the Dura Mater. When we blow into one of these Trunks toward the Plexus, the Air passes into all its Ramifications; and in some Subjects, these two Veins form one Trunk which opens into the Sinus.

89. THE ventricular or loose Portions of the Plexus, often appear to contain a great number of Tubercles like Glands, which in the natural state are extremely small, but grow bigger in Diseases. To be able to examine them, as we ought, the loose Portions must be made to swim in clear Water, and be there carefully expanded. Then by the help of a Microscope we will see these Tubercles in the natural state, like small Folliculi or little Bags more or less flattened.

90. BESIDES this vascular Web or Plexus of the Septum Lucidum; the sides of the Fornix, of the Eminences, Ventricles, Canals and Infundibulum, are all covered by a very fine Membrane, in which by Injections or Inflammations, we discover a great number of very fine Vessels. This Membrane is in a manner, a continuation of the Plexus, and that seems to be

be a detachment from the Pia Mater. By the same means we likewise discover an extremely thin Membrane on the insides of the Duplicature of the Septum, though in some Subjects, these sides touch each other.

91. THE Pituitary Gland is a small spongy Body lodged in the Sella *Glandula Sphenoidalis* between the sphenoidal Folds of the Dura Mater. It is of a *Pituitaria* singular kind of Substance, which seems to be neither Medullary nor Glandular. On the outside it is partly greyish, and partly reddish, and white within. It is transversely oval or oblong, and on the lower part in some Subjects it is divided by a small Notch into two Lobes, like a Kidney Bean. It is covered by the Pia Mater as by a Bag, the Opening of which is the Extremity of the Infundibulum, and it is surrounded by the small circular Sinuses which communicate with the Sinus Cavernosi.

#### § 4. Cerebellum.

92. THE Cerebellum is contained under the transverse Septum of the Dura Mater. It is broader laterally than on the fore or backsides, flattened on the upper side, and gently inclined both ways, answerable to the Septum which serves it as a kind of Tent or Ceiling. On the lower side it is rounder, and on the backside it is divided into two Lobes, separated by the Occipital Septum of the Dura Mater. *Situation and Figure.*

93. IT is made up like the Cerebrum, of two Substances, but it has no Circumvolutions on its Surface. Its Sulci are pretty deep, and disposed in such a manner as to form thin flat Strata, more or less horizontal, between which the internal Lamina of the Pia Mater insinuates itself by a number of Septa equal to that of the Strata. *Structure.*

94. UNDER the transverse Septum, it is covered by a vascular Texture, which communicates with the Plexus Choroides. It has two middle Eminences called Appendices Vermiformes, one anterior and superior which is turned forward, the other posterior and inferior which goes backward. There are likewise two lateral Appendices, both turned outward. They are termed Vermiformes from their resemblance to a large Portion of an Earthworm.

95. BESIDES the Division of the Cerebellum into lateral Portions or into two Lobes, each of these Lobes seems to be likewise subdivided into three Protuberances, one anterior, one middle or lateral, and one posterior; but they are not in all Subjects equally distinguished either by their Convexity or Limits; but they may always be distinguished by the Direction of their Strata, those of the middle and anterior Protuberance being less transverse than in the posterior.

96. WHEN we separate the two lateral Portions or Lobes, having first made a pretty deep Incision; we discover first of all the posterior Portion of the Medulla Oblongata, of which hereafter; and in the posterior Surface of this Portion, from the Tubercula Quadrigemina, all the way to the posterior Notch in the Body of the Cerebellum, and a little below that *Fourth Ventricle.*



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that Notch; we observe an oblong Cavity which terminates backward like the Point of a writing Pen. This Cavity is what is called the fourth Ventricle.

97. AT the beginning of this Cavity, immediately behind the small common Canal which lies under the Tubercles, we meet with a thin medullary Lamina, which is looked upon as a Valve between that Canal and the fourth Ventricle. A little behind this Lamina, the Cavity grows wider towards both Hands, and then contracts again to its first size. It is lined interiorly by a thin Membrane, and seems oftentimes to be distinguished into two lateral Parts, by a kind of small Groove, from the Valvular Lamina to the Point of the Calamus Scriptorius.

98. THIS Membrane is a Continuation of that which lines the small Canal, the third Ventricle, Infundibulum, and the two great Ventricles. To be able to see the fourth Ventricle in its natural state, in which it is narrowest, it must be laid open while the Cerebellum remains in the Cranium, and in order to that, the Os Occipitis must be sawed very low down.

99. ON each side of this Ventricle the medullary Substance forms a Trunk which expands itself in form of Laminæ through the cortical Strata. We discover these medullary Laminæ according to their breadth, by cutting the Cerebellum in Slices almost parallel to the Basis of the Cerebrum; but if we cut one Lobe of the Cerebellum vertically from above downward, the medullary Substance will appear to be dispersed in Ramifications through the cortical Substance. These Ramifications have been named Arbor Vitæ, and the two Trunks from whence these different Laminæ arise, are called Pedunculi Cerebelli.

100. WE cannot go on with the description of the other middle parts of the Basis of the Cerebellum, before that of the middle parts of the Basis of the Cerebrum, because these two kinds of parts are united, and jointly form the Medulla Oblongata. I shall only add here that the Strata of both Substances of the Cerebellum are not always of the same extent in the same Portions or Protuberances of each Lobe. This appears merely by viewing the convex or outer Surface of the Cerebellum; for there we see at different distances, some cortical Strata shorter than others, and likewise that the Extremities of the short Strata diminish gradually in thickness till they are quite lost between two long ones.

101. IF we make a small Hole in the external Lamina of the Pia Mater over one of the Lobes of the Cerebellum, without touching the inner Lamina, and then blow into the cellular Substance by which these two Laminæ are connected, through a small Pipe introduced into the Hole; the Air will gradually swell that Substance, and separate the Strata more or less equally from each other, through their whole extent, and we will see at the same time the disposition of all the membranous Septa or Duplicatures of the internal Lamina of the Pia Mater, with the numerous distribution of the fine Blood-Vessels which run upon it, especially after a lucky Injection, or in an inflammatory state of these Membranes.

§ 5. *Medulla Oblongata.*

102. THE Medulla Oblongata is a medullary Substance situated from before backward in the middle part of the Bases of the Cerebrum and Cerebellum without any Discontinuation, between the lateral parts of both these Bases; and therefore it may be looked upon as one middle medullary Basis common to both Cerebrum and Cerebellum, by the reciprocal Continuity of their medullary Substances, through the great Notch in the transverse Septum of the Dura Mater; which common Basis lies immediately on that Portion of the Dura Mater which lines the Basis of the Cranium. The Medulla Oblongata is therefore justly esteemed to be a third general part of the whole Mass of the Brain, or as the common Production or united Elongation of the whole medullary Substance of the Cerebrum and Cerebellum.

103. IT is extremely difficult, if not altogether impossible, to examine or demonstrate it as we ought, in its natural Situation; but we are obliged to do both on a Brain inverted; and in this instance, the Direction I gave in the Description of the Skeleton N<sup>o</sup> 186, 187. concerning the method of examining and demonstrating the Basis Cranii, cannot have place. However to prevent false Ideas either in viewing our selves, or in shewing to others, the Medulla Oblongata thus inverted, it is very necessary often to call to mind that all that appears superior in that Situation, is inferior in the natural state.

104. THE lower side of the Medulla Oblongata in an inverted Situation, presents to our view several parts which are in general either medullary Productions, Trunks of Nerves, or Trunks of Blood-Vessels.

105. THE chief medullary Productions are these: The large or anterior Branches of the Medulla Oblongata; which have likewise been named Crura Anteriora, Femora and Brachia Medullæ Oblongatæ, and Pedunculi Cerebri: The transverse Protuberance called likewise Processus Annularis or Pons Varolii: The small or posterior Branches called Pedunculi Cerebelli or Crura Posteriora Medullæ Oblongatæ: The Extremity or Cauda of the Medulla Oblongata, with two Pairs of Tubercles, one of which is named Corpora Olivaria, the other Corpora Pyramidalia; and to all these Productions we must add a Production of the Infundibulum and two medullary Papillæ.

106. THE great Branches of the Medulla Oblongata are two very considerable medullary Fasciculi, the anterior Extremities of which are separated, and the posterior united, so that taken both together, they represent a Roman V. These Fasciculi are flat, much broader before than behind; their Surfaces being composed of several longitudinal and distinctly prominent medullary Fibres. Their anterior Extremities seem to be lost at the lower part of the Corpora Striata; and it is for that reason that they are looked upon as the Pedunculi of the Cerebrum.



107. THE transverse, annular, or rather semi-annular Protuberance is a medullary Production, which seems at first sight to surround the posterior Extremities of the great Branches; but the medullary Substance of this Protuberance is in reality intimately mixed with that of the two former. *Varolius* an ancient *Italian* Author, viewing those Parts in an inverted Situation, compared the two Branches to two Rivers, and the Protuberance to a Bridge over them both, and from thence it has the name of *Pons Varolii*. Its Surface is transversely streaked, and it is divided into two lateral Parts, by a very narrow, longitudinal Depression, which does not penetrate into its Substance.

108. THE small Branches of the Medulla Oblongata are lateral Productions of the transverse Protuberance, which by their Roots seem to encompass that medullary Portion in which the fourth Ventricle or Calamus Scriptorius is formed. They form in the Lobes of the Cerebellum on each side, these medullary Expansions, a vertical Section of which, shews the white Ramifications, commonly called *Arbor Vitæ*; and they may be justly enough stiled *Pedunculi Cerebelli*.

109. THE Extremity is no more than the Medulla Oblongata contracted in its Passage backward to the anterior Edge of the great Foramen of the Os Occipitis, where it terminates in the Medulla Spinalis; and in this part of it several things are to be taken notice of. We see first of all, four Eminences, two named Corpora Olivaria, and the other two Corpora Pyramidalia. Immediately afterwards, it is divided into two lateral Portions by two narrow Grooves, one on the upper side, the other on the lower. They both run into the Substance of the Medulla, as between two Cylinders, flattened on that side by which they are joined together.

110. WHEN we separate these Ridges with the Fingers, we observe a crucial Intertexture of several small medullary Cords which go obliquely from the Substance of one lateral Portion into the Substance of the other. *M. Petit* Member of the Royal Academy of Sciences and Doctor of Physick, is the Author of this discovery, by which we are enabled to explain several Phænomena both in Physiology and Pathology, of which in another place.

111. THE Corpora Olivaria and Pyramidalia are whitish Eminences situated longitudinally near each other on the lower side of the Extremity or Cauda, immediately behind the transverse or annular Protuberances. The Corpora Olivaria are in the middle, so that the Interstice between them, which is only a kind of superficial Groove, answers to the inferior Groove of the following Portion.

112. THE Corpora Pyramidalia are two lateral Eminences depending on the Olivaria. *Willis* gave the name of Pyramidalia to what I have called Olivaria, after the late *M. Duverney* in his Treatise of the Organ of Hearing. These four Eminences are situated on the lower half of the Medulla; which Observation I here repeat to make it be remembered that in all the Figures and Demonstrations, these Parts are represented as superior,

rior, which in their natural Situation are inferior. Thus these Eminences are under the fourth Ventricle, and under the Pedunculi Cerebelli.

113. THE Tubercula Mammillaria which are situated very near the Production of the Infundibulum, have been taken for Glands, probably because of their greyish inner Substance, which however does not seem to be any ways different from that of several other Eminences of the Medulla Oblongata. And for that reason I choose rather to call them from their Figure Tubercula Mammillaria, than Papillæ Medullares.

114. THESE Tubercles seem to have some immediate relation to the Roots or Bases of the anterior Pillar of the Fornix; so that they might be named, as *M. Santorini* has done, the Bulbs of these Roots, though they appear to be likewise partly a Continuation of other Portions of the cortical and medullary Substance, of a particular Texture.

115. THE Beak or Tube of the Infundibulum is a very thin Production from the sides of that Cavity; and it is strengthened by a particular Coat given to it by the Pia Mater. It is bent a little from behind forward, toward the Glandula Pinealis, and afterwards expands again round this Gland.

116. THE Membrana Arachnoides or external Lamina of the Pia Mater appears to be very distinctly separated from the internal Lamina, in the Interstices between all these Eminences on the lower side of the Medulla Oblongata, without any visible cellular Substance between them. The internal Lamina adheres much more to the Surface of these Interstices than to that of the Eminences. The external Lamina is as it were buoy'd up by the Eminences, and equally stretched between their most prominent Parts, to which it sticks very close; and in this respect, the Roots or great Cornua of the Optic Nerves may be joined to these Eminences.

117. WE must observe in general concerning the Eminences of the Medulla Oblongata, that those which are medullary on their Outsides or Surfaces, are interiorly either intirely Cortical, or partly Cortical, and partly Medullary, or formed by a singular Mixture of these two Substances, which still remains to be unfolded, as well as many other particularities observable in examining the internal Structure of the Brain.

118. FROM this common Portion of the Cerebrum and Cerebellum, arise almost all the Nerves which go out of the Cranium through the different Foramina by which its Basis is perforated. It likewise produces the Medulla Spinalis, which is no more than a common Elongation of the Cerebrum and Cerebellum, and of their different Substances; and therefore the Medulla Oblongata may justly be said to be the first Origin or primitive Source of all the Nerves, which go out through the Spina Dorsi, and consequently of all the Nerves of the Human Body.



§ 6. *Medulla Spinalis.*

119. The *Medulla Spinalis* is only an Elongation of the Extremity of the *Medulla Oblongata*; and it has its name from its being contained in the bony Canal of the *Spina Dorsi*. It is consequently a Continuation or common Appendix of the *Cerebrum* and *Cerebellum*, as well because of the two Substances of which it is composed, as because of the Membranes by which it is invested.

120. In the Description of the Fresh Bones N<sup>o</sup> 316, 317, 318, 319. I mentioned a Ligamentary Tube which lines the inner Surface of this bony Canal from the great Occipital Foramen, to the *Os Sacrum*, representing a very long flexible Funnel. I likewise mentioned the yellowish and very elastic Ligaments that lie in the great posterior Notches of all the *Vertebræ*, and adhere very closely to the Ligamentary Tube.

121. THE *Dura Mater*, after it has lined the whole internal Surface of the *Cranium*, goes out by the great Occipital Foramen, and forms a kind of Funnel, in its Progress downward thro' the bony Canal of the *Vertebræ*. As it goes out at the Occipital Hole, it joins the beginning of the Ligamentary Funnel already mentioned, and adheres very strongly to it. That Portion of the *Pericranium* which terminates exteriorly at the Edge of the great Foramen, joins the Funnel likewise; which by all these Accessions becomes very strong and capable of resisting the greatest Violences.

122. THIS Adhesion of the *Dura Mater* to the Ligamentary Funnel, is gradually discontinued below the first *Vertebra*, and from thence the *Dura Mater* forms a separate Tube, which runs down in the bony Canal all the way to the *Os Sacrum*, the Capacity of it answering to that of the Canal; but it does not adhere closely to the Sides as it does to that of the *Cranium*. It is surrounded by a slimy Substance, which near the lower end of the Canal, resembles Fat.

123. THE *Spinal Marrow* is made up of a cortical and medullary Substance, as the *Cerebrum* and *Cerebellum*, but with this difference, that the Ash-coloured Substance lies within the other; and in a transverse Section of this *Medulla* the inner Substance appears to be of the Figure of an Horse-shoe or of the *Os Hyoides*; the convex side being turned forward, and the Extremities or *Cauda* backward.

124. THE Body of the *Medulla Spinalis* runs down all the way to the first *Vertebra* of the *Loins*, where it terminates in a Point. The size of it is proportionable to that of the bony Canal, so that it is larger in the *Vertebræ* of the Neck than in those of the Back. It is a little flattened on the fore and backsides; so that we may distinguish in it two sides, one Anterior, the other Posterior, and two Edges. It is likewise in a manner divided into two lateral Halves by a Groove, which runs along the middle of each side, being a Continuation of those in the Extremity of the *Medulla Oblongata*.

125. EACH

125. EACH lateral Portion sends off from both the fore and backsides, between the Grooves and the Edges, at different distances, flat Fasciculi of Nervous Filaments turned toward the nearest Edge. The anterior and posterior Fasciculi having got a little beyond the Edge of the Medulla, unite in Pairs, and form on each side a kind of Knots, called Ganglions by Anatomists, each of which produces a nervous Trunk. These Ganglions are made up of a Mixture of cortical and medullary Substance, accompanied by a great number of small Blood-Vessels.

126. THE Dura Mater which invests the Medulla sends out on each side, the same number of Vaginæ, as there are Ganglions and Nervous Trunks. These Vaginæ are Productions of the external Lamina, the internal Lamina which is very smooth and polished on the inside, being perforated by two small Holes very near each other, where each Vagina goes off, through which Holes the Extremities of each anterior and posterior Fasciculus are transmitted; and immediately after their Passage through the internal Lamina, they unite.

127. THE Triangular Spaces left between the anterior and posterior Fasciculi and Edge of the Medulla, are filled from one Extremity to the other by an indented Ligament, very thin and shining, having the same number of Indentations as there are Pairs of Fasciculi. It is fixed at different Distances to the Edge of the Medulla, from whence it sends Filaments to the internal Lamina of the Dura Mater, by which the anterior Fasciculi are distinguished from the posterior.

128. THE Membrana Arachnoides is here very distinct from the internal Lamina of the Pia Mater; so that by blowing through a Hole made in the Arachnoides, it will swell from one end to the other, like a transparent Gut. The internal Lamina, called in this place simply the Pia Mater, adheres very closely to the Medulla Spinalis, and sends many Productions and Septa through its Substance. When we blow through a Hole made in the Pia Mater, through the Substance of one lateral Portion of the Medulla, the Air penetrates through the whole, and the Pia Mater which covers the other lateral Portion, is separated from it.

129. THE Membrana Arachnoides adheres more closely to the Pia Mater at the lower than at the upper part, being in a manner suspended by the indented Ligament which runs along both Edges of the Medulla, and is fixed by a Filament to the internal Lamina of the Dura Mater in each Interstice between the Nervous Fasciculi, as has been already said. It also gives off Elongations in the same manner as the Dura Mater to each Nervous Trunk or Rope, as we shall see hereafter.

§ 7. *The Nerves of both Medullæ, from their Origin to their going out of the Cranium.*

130. I observed in the beginning of the Description of the Nerves, that they arise either from the Medulla Oblongata or Spinalis; that they go out in Fasciculi disposed in Pairs; that ten Pairs are reckoned to belong to the Medulla Oblongata, of which nine go out through the Foramina of



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the Cranium, and the tenth arises from the Extremity of this Medulla as it passes through the great Occipital Hole; and lastly, that about thirty Pairs were reckoned to belong to the Medulla Spinalis, of which seven pass through the lateral Notches of the Vertebrae Cervicis, twelve through those of the Back, five through those of the Loins, and five or six through the anterior Holes of the Os Sacrum, and one at the sides of the Os Coccygis.

131. MY design is here principally to mention some particular Observations about the Nerves, while they remain within the Cranium, the rest of their Course through the whole Body being already sufficiently described; and I beg the Reader first of all to review the Idea I gave in that Description, of the general Division and original Disposition of all the Nerves which come either from the Medulla Oblongata or Spinalis.

*Nerves of  
the Medulla  
Oblongata.*

132. THE first Pair of Nerves that arise from the Medulla Oblongata are the Olfactory, anciently called Processus Mamillares. These are two very flat and soft medullary Ropes, each arising first by medullary Fibres from the outside of the lower part of the Corpora Striata, between the anterior and middle Lobe on each side of the Cerebrum, and afterwards by another Filament more internally, and by a third which is more posterior and very long. They run under the anterior Lobes of the Cerebrum, being lodged in two superficial Grooves in the Basis of these Lobes, and lying immediately on the Dura Mater, from the Clinoid Apophyses to the Os Ethmoides.

133. THEY are first of all considerably incurvated from without inwards or toward each other, and having reached near the backside of the Os Ethmoides, they run for a small Space, parallel to and at some distance from each other. Backward they are very thin, but they gradually increase in bulk in their course forward, toward each side of the Crista of the Ethmoidal Bone, where they terminate in elongated Papillae, the Substance of which appears to be softer and less white than that of the Ropes.

134. THESE Papillae lie on the two sides of the Lamina Cribrosa, and send down a nervous Filament into each Hole of that Lamina. At the same place, the Dura Mater sends off the same number of Vaginae which invest and accompany the nervous Filaments and their Ramifications on the internal parts of the Nose.

135. I have already related the Origin of the second Pair or Optic Nerves, from the Eminences called Thalami Nervorum Opticorum; and I have described their great Curvature, and traced them all the way to their Reunion, which happens immediately before the superior part of the Glandula Pituitaria, and consequently before the Beak or Production of the Infundibulum. The internal Carotids run upon the outsides of these Nerves, immediately after their Union, and before they pass through the Foramina Optica.

136. BESIDES their Origin from the Optic Thalami, these Nerves have likewise a kind of Communication with the Tubercula Quadrigemina Anteriora by very fine Filaments, one Extremity of which is lost in the Tubercles,

bercles, the other in the Roots of the great Arches or Bodies of the Optic Nerves. The internal Structure of these Nerves seem to change at their entrance into the Optic Holes, as we shall see in another place.

137. THE Union of these Nerves by the small Curvatures of their Cornua, is very difficult to be unfolded in Human Bodies. This Union is commonly found to be very close, but in some Subjects, it seems to be no more than a strong Adhesion, in others, to be partly made by an Intersection or Crossing of Fibres. They have been found quite separate; and in other Subjects one of them has been observed to be very much altered both in Size and Colour through its whole Passage, the other remaining in its natural state.

138. THE third Pair called *Nervi Motores Oculi Communes, Oculares Communes, and Oculo-Musculares*, arise from the Union of the anterior Edge of the great transverse Protuberance, with the two great Branches of the Medulla Oblongata. They pierce the Dura Mater behind the lateral Parts of the posterior Apophysis of the Sella Sphenoidalis, and pass afterwards each in the neighbouring Sinus Cavernosi, by the side of the carotid Artery, and all the way to the broad Portion of the superior Orbital Fissure, where they are divided in the manner already said in describing the Nerves.

139. THE fourth Pair called *Nervi Trochleares, Musculares Obliqui Superiores*, and most commonly *Pathetici*, are very small and tender, and in proportion, very long. They arise each behind the Tubercula Quadrigemina, and from the lateral part of the Valviform Expansion at the entry of the fourth Ventricle. From thence they take their course forward all the way to the Edge of the anterior Extremities of the Transverse Sinus, where on each side they enter the Duplication of the Dura Mater, and advancing into the Sinus Cavernosi, they accompany the third Pair to the superior Orbital Fissure.

140. THE fifth Pair called *Nervi Innominati, or Trigemini*, are at first large Trunks arising chiefly from the lateral and posterior Parts of the great transverse Protuberance, and a little from the Corpora Olivaria and Pyramidalia. They run down obliquely forward on the Extremity of the upper or anterior side of the Apophysis Petrosa, very near the side of the Sella Sphenoidalis, where they enter the Duplication of the Dura Mater and Sinus Cavernosi.

141. AT their entry into the Sinus, they form a kind of flat irregular Ganglion, from which some Filaments are sent off to the Dura Mater; and immediately afterward, each of them is divided into three great Branches, one Superior or Anterior, one Middle, and one Inferior or Posterior. The first Branch which may be termed *Ocularis or Ophthalmicus*, accompanies the Nerves of the third and fourth Pairs, to the superior Orbital Fissure. The second called *Maxillaris Superior*, goes out by the superior maxillary Hole; and the third named *Maxillaris Inferior*, by the inferior maxillary Hole. As the great Trunk of this Nerve runs down, it perforates the Membrana Arachnoides, which at this place forms a kind of Ceiling.



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142. THE sixth Pair named *Motores Oculorum Externi*, *Oculares* or *Ophthalmici Externi*, and *Oculo-Musculares Externi*, are small Nerves, but still not so small as the fourth Pair; and I have sometimes found them double. They arise partly from the oblong inferior Eminences, immediately behind the transverse Protuberance, and partly from this Protuberance; and passing immediately under it, they pierce the Dura Mater behind the Occipital Symphysis of the Sphenoidal Bone.

143. THEY run on each side in the Duplication of the Dura Mater to the Cavernous Sinus; and having entered that Sinus, each of them accompanies the first Branch of the fifth Pair to the Superior Orbital Fissure. In this Course they communicate with the first Branch just mentioned, and are increased on the forepart by a Filament or two, which arise from the great Sympathetic Nerve, and run up with the Carotid.

144. THE seventh Pair, named *Auditorii*, arise from the lateral and posterior Part of the transverse Protuberance, near the Pedunculi of the Cerebellum, by two Cords, one small and solid, the other large and soft, which from thence is called *Portio Mollis*, and the first, *Portio Dura*, or as I have named it, *Nervus Sympatheticus Minimus*. The two Nerves on each side accompany each other very closely, all the way to the internal Foramen Auditorum.

145. THE eighth Pair, named *Par Vagus*, *Nervi Vagi*, or *Sympathetici Medii*, arise from the posterior Extremities of the large Branches or Crura of the Medulla Oblongata, from the transverse Protuberance, and from the anterior Part of the inferior oblong Eminences behind the transverse Protuberances; by numerous Filaments, which altogether make a broad Band on each side, which runs toward the Foramen Lacerum, where it pierces the Dura Mater, and goes out through the anterior Part of that Hole, having been first joined by a nervous Portion that runs up from the Medulla Spinalis through the great Occipital Foramen, by the name of *Nervus Accessorius Octavi Paris*, or *Nervus Spinalis*. This additional Nerve goes out with that of the eighth Pair through the Foramen Lacerum, lying behind it, but distinguished from it by a Membranous Septum.

146. THE ninth Pair called *Nervi Hypoglossi Externi*, *Hypoglossi Majores*, and commonly *Gustatorii*, arise each from the lateral part of the Extremity of the Medulla Oblongata, between the oblong inferior Eminences, by several Filaments, which uniting together, form commonly two small Ropes on each side, which pierce the Dura Mater separately, and presently afterwards form one Rope, which goes out of the Cranium through the anterior Condylloid Hole.

147. THE tenth Pair, called *Nervi Sub-Occipitales*, arise under the ninth Pair, chiefly from the anterior and a little from the lateral Part of the Extremity of the Medulla Oblongata, opposite to the posterior Part of the Condylloid Apophysis of the Occipital Bone, by a single Plane or Fasciculus of small Filaments which pierce the Dura Mater directly from within

within outward, at the same place where the Vertebral Arteries perforate it from without inwards.

148. THE Nerves formed by the lateral Union of the anterior and posterior Filaments of the Medulla Spinalis, go out of the bony Canal of the Spina Dorſi, toward each ſide, through the intervertebral Holes, through the anterior Holes of the Os Sacrum, and the lateral Notches of the Os Coccygis; and from thence they have the general name of Nervi Vertebrales. They are divided in the ſame manner as the Vertebrae, into ſeven Pair of Cervical Nerves, twelve Pair of Dorſal, five Pair of Lumbar, and five or ſix Pair of Nervi Sacri. *Nerves of the Medulla Spinalis.*

149. I obſerved in the particular Deſcription of the Nerves, that I begin the Enumeration of the Vertebral Nerves by thoſe which go out between the firſt and ſecond Vertebra; and that the Situation of the Dorſal or Coſtal Nerves which are true Intercoſtals, determined me to this Diſpoſition, the firſt Pair of theſe Nerves paſſing between the firſt and ſecond true Ribs.

150. As the Spinal Marrow which furniſhes all theſe Nerves, ſeldom goes lower than the firſt or ſecond Vertebra of the Loins, as I have already ſaid, the Situation of the Faſciculi of Nervous Filaments muſt be different from that of the Holes through which they paſs; and ſeveral of theſe Faſciculi both anterior and poſterior muſt be longer than the reſt. This we find from experience to be the caſe in the following manner.

151. THE Faſciculi of nervous Filaments of the Medulla Spinalis, which produce the Cervical Nerves, run more or leſs tranſverſely toward each ſide from their Origin to their Paſſage through the Intervertebral Holes. The Faſciculi which form the Dorſal Nerves, run a little obliquely downward from their Origin to the Intervertebral Holes; and thoſe which form the Lumbar Nerves, run down more and more longitudinally from the Medulla to the Holes by which they go out.

152. THEREFORE the Cervical Faſciculi are very ſhort in the Spinal Canal; the Dorſal Faſciculi are longer, and the Faſciculi from the Loins and Os Sacrum very long. It muſt likewise be obſerved that the Faſciculi of the four loweſt Pairs of the Cervical Nerves, and firſt Pair of the Dorſal Nerves are broader and more compounded than the following, becauſe the Brachial Nerves are a Continuation of theſe. The Filaments belonging to the Lumbar Nerves and thoſe of the Os Sacrum, are likewise very broad, and made up of numerous Filaments, as being the Roots of the large Nerves which go to the lower Extremities. The Dorſal Filaments are very ſmall.

153. THE Cervical and Lumbar Faſciculi are not only broader and made up of more Filaments than the Dorſal, but alſo ſituated much cloſer to each other, the Lumbar Faſciculi being ſtill more ſo than the Cervical, whereas in the Dorſal a conſiderable Interſtice is left between the Faſciculi.

154. THESE Lumbar Faſciculi from their Origin to the Extremity of the Os Sacrum, form through the whole Canal of the Lumbar Vertebrae



and of the Os Sacrum, a large Bundle of Nervous Ropes called by Anatomists, Cauda Equina, because of some resemblance which it bears to a Horse's Tail, especially when taken out of the Canal and extended in clear Water.

155. **THOUGH** the Medulla Spinalis ends at the first Vertebra of the Loins, the Vagina of the Dura Mater by which it is invested, is continued through the rest of the bony Canal all the way to the Extremity of the Os Sacrum, and involves the great Bundle or Cauda Equina, the Cords of which pierce it on each side nearly opposite to the places where they pass through the Intervertebral Holes, and the anterior Holes of the Os Sacrum, almost in the same manner as was said above, in describing the general formation of the Vertebral Nerves.

156. **THIS** Vagina of the Dura Mater being separated from the Canal of the Vertebrae, and the lateral Elongations which serve for particular Vaginae to the Cords, being cut off, it presently shrinks up and contracts in the same manner as all the other elastic Parts of the Human Body; for instance, as an Artery does when cut transversely soon after Death. Therefore its true length must be taken while it is in Situ, and likewise the true Situation of the lateral Elongations.

157. **FROM** all this a Conclusion may be drawn of great importance, not only in Anatomical and Philosophical Inquiries, but also for understanding local Diseases, Wounds, &c. which is, that when we have occasion to consider any particular Nerves near the Vertebrae of the Back or Loins, or near the Os Sacrum, we must remember that in the Spina Dorsi the Origin of these Nerves is not even with their Passage out of the Spine; but proportionably higher. If, for instance, we inquire about any of the lowest Nervi Sacri near the Os Coccygis, we must not stop at the Extremity of the Os Sacrum, but trace its Origin as high as the last Vertebra of the Back, or first of the Loins.

158. **THE** Membrane Arachnoides accompanies the original Fasciculi separately, to their Passage through the lateral Elongations of the Dura Mater, forming a kind of Duplication, Breaks, or Discontinuations between the Cords which run in the Vagina of the Dura Mater. The internal Lamina of the Pia Mater, or the Pia Mater simply, as it is here reckoned, adheres very closely both to the Fasciculi and Filaments of which they are composed.

159. **AMONG** the original Productions of the Nerves of the Medulla Spinalis, we ought still to reckon the formation of the Nervi Accessorii of the eighth Pair, or of those that I call Sympathetici Medii. They arise from the lateral Parts of this Medulla by several Filaments, about the third or fourth Vertebrae of the Neck, and sometimes lower. And, if my Memory does not fail me, I once traced them to the middle of the Back. They run up on each side between the anterior and posterior Ranks of the Nervous Fasciculi, increasing gradually in Size by the Accession of new Filaments from the posterior Fasciculi.

160. HAVING reached above the first Vertebra of the Neck, they have a kind of Adhesion or Communication with the neighbouring Ganglions of the Nervi Sub-Occipitales, or those of the tenth Pair. Above this Adhesion they receive two Filaments each, from the backside of the Medulla, and afterwards continue their course towards the great Occipital Foramen. As they enter the Cranium, they communicate with the Nerves of the ninth and tenth Pairs; and at the Foramen Lacerum, they join those of the eighth Pair, with which they return out of the Cranium.

161. IN the posterior Part of the Medulla Spinalis, near its lower Extremity, there is in some Subjects a longitudinal Depression in which several transverse Fibres are situated, which though I have not examined any further, I thought it proper to mention this Observation, as I found it in my Anatomical Common-Place Book.

§ 8. *Blood-Vessels of the Brain and Medulla Spinalis.*

162. THE Arteries which supply the Cerebrum, Cerebellum and Medulla Oblongata, come partly from the Carotids which enter the Cranium through the Canals in the Apophyses Petrosæ of the Ossa Temporum, and partly from the Vertebrales which enter by the great Occipital Foramen, and send off the Arteriæ Spinales into the Canal of the Spine for the Medulla lodged there. Arteries.

163. ALL these Arteries are divided into several Branches which send out a great number of Ramifications distributed through both Substances of the Brain, and through the whole Extent of the Pia Mater. The Dura Mater both of the Cerebrum and Cerebellum has Arteries peculiar to it, which have been already described.

164. THE Internal Carotid on each side enters the Cranium by the great Canalis Petrosus, in an angular or winding Course, as was observed in the Description of the Skeleton. The inner Surface of this Canal is lined by a Production common to the Dura Mater and Inferior Pericranium; to which the Artery adheres only by a loose Filamentary Substance, in which the Plexiform Filaments run, that belong to the great Sympathetic Nerve, commonly called the Intercostal.

165. HAVING passed through the bony Canal, it immediately bends upward toward a Notch in the Sphenoidal Bone, and through that Notch it enters the Cranium. Immediately after this, it penetrates the Cavernous Sinus on the side of the Sella Sphenoidalis, where having formed a third Curvature, it goes out from it, from below, upwards, and is bent a fourth time round the anterior Clinoid Apophysis, from before backward. By this Course it is in a manner bathed in the Blood of the Cavernous Sinus, together with the third, fourth, fifth and sixth Pairs of Nerves.

166. AFTER this fourth Curvature the internal Carotid having now reached the side of the Infundibulum, and consequently being very near its Fellow, these two Arteries communicate sometimes by a very short transverse arterial Production. At this place each of them divides into two

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166. AFTER this fourth Curvature the internal Carotid having now reached the side of the Infundibulum, and consequently being very near its Fellow, these two Arteries communicate sometimes by a very short transverse arterial Production. At this place each of them divides into two



principal Branches, one Anterior, the other Posterior, and sometimes into three, in which case there is a middle Branch between the two former.

167. THE Anterior Branch runs first of all, forward under the Basis of the Cerebrum, separating a little from the same Branch of the other Carotid. They approach each other again under the Interstice between the two Olfactory Nerves, communicating by a very short Anastomosis, and sending small Twigs to that Pair of Nerves. They afterwards separate, being each divided into two or three Rami.

168. THE first Ramus of the anterior Branch goes to the anterior Lobe of the Cerebrum. The second, which is sometimes double, is inverted on the Corpus Callosum to which it gives Ramifications, as also to the Falx of the Dura Mater and middle Lobe of the Cerebrum. The third, which is sometimes a distinct Branch, sometimes only, an additional Ramus to the second, goes to the posterior Lobe of the Cerebrum. This third Ramus is sometimes so considerable as to deserve to be reckoned the middle Branch of the three principal ones.

169. THE Posterior Branch communicates first of all with the Vertebral Artery of the same side, and then is divided into several Rami on the superficial Circumvolutions of the Cerebrum, and between these Circumvolutions all the way to their bottom. The anterior and middle Branches when there are three, distribute the same kind of Ramifications to the Circumvolutions and to their Interstices.

170. ALL these different Ramifications run in the Duplicature of the Pia Mater, from which they receive a kind of additional Coats, and the Capillaries being distributed upon it in a reticular manner, do afterwards penetrate the cortical and medullary Substance, in which last they terminate insensibly.

171. THE Vertebral Arteries enter through the great Occipital Foramen, having first pierced on each side the Elongations of the Dura Mater at the same place where the Sub-Occipital Nerves, or those of the tenth Pair, pierce it, as they go out; the Arteries in this place lying above the Nerves.

172. AT their entry into the Cranium they send each several Ramifications to the Cauda of the Medulla Oblongata, and to the Corpora Olivaria and Pyramidalia, which Ramifications are distributed on the sides of the fourth Ventricle, produce the Plexus Choroides, are spread on the whole Surface of the Cerebellum, insinuate themselves between the Strata, always invested by the Duplicature of the Pia Mater, and are at length lost in both Substances of the Cerebellum.

173. AFTERWARDS the two Vertebral Arteries turn toward each other, for the most part immediately under the posterior Edge of the great transverse or semi-annular Protuberance of the Medulla Oblongata, where they unite and form one common Trunk. This Trunk passes directly from behind forward, under the middle of the great Protuberance, and partly in the middle Groove of the convex Surface of that Protuberance, at the anterior Edge of which it terminates.

174. In its passage through the Groove, this Trunk sends off several small Branches on each side, which surround transversely the lateral Portions of the Protuberance, being partly lodged in the small lateral Grooves of these Portions. These lateral Branches are afterwards distributed to the neighbouring Parts of the Cerebrum, Cerebellum and Medulla Oblongata.

175. THE common or middle Trunk of the Vertebral Arteries having reached the Edge of the great Protuberance, is divided again into two small Branches, each of which soon communicates with the Trunk of the internal Carotid on the same side. Instead of this Bifurcation, the two last or most anterior lateral Branches, send each sometimes a small Branch forward, which form the Anastomoses with the internal Carotids.

176. THE principal Arteries of the Medulla Spinalis, called commonly *Arteriæ Spinales*, are two in number, one Anterior and one Posterior, lodged in the Grooves by which the Medulla is divided into lateral Portions on both sides. They arise from the Vertebral Arteries, a little above the great Occipital Foramen, where these Arteries send each a small Ramus downward, as soon as they enter the Cranium; and having got under the Extremity of the Medulla Oblongata, they send off two other Branches backward.

177. THE first two Branches uniting soon after their Origin, form the *Arteria Spinalis Anterior*, which runs down within the Canal of the *Vertebrae* along the anterior Groove of the Medulla. The other two small Branches are inverted on the sides of the Medulla Oblongata, and from thence running backward, they unite much in the same manner with the first two, and form the *Arteria Spinalis Posterior*, which runs down along the posterior Groove of the Medulla Spinalis.

178. THE two Spinal Arteries in their course downward along the Medulla, send off on each side lateral Ramifications, by which they frequently communicate with each other; and likewise with the Vertebral Arteries of the Neck, with the Intercostals, and sometimes they are in a manner split for a little way and then unite again.

179. THE Veins of the Cerebrum and Cerebellum, &c. may in general be looked upon as Branches not only of the longitudinal Sinus of the Dura Mater, and of the two great lateral Sinuses, but also of all the inferior Sinuses of that Membrane; in all which Sinuses the Veins terminate by different Trunks in the manner already said in the Description of the great superior Sinus. Their principal Ramifications accompany all the cortical Circumvolutions of the Cerebrum, and Directions of the Strata of the Cerebellum, running always in the Duplication of the Pia Mater. The Veins of the Plexus Choroides in general are of the number of these already mentioned.

180. THE Veins of the Medulla Spinalis are Branches partly of the superior Extremities of the two Vertebral Veins, partly of the two Venal Ropes termed Sinus Venosi, which run down both ways laterally on the anterior convex side of the Production of the Dura Mater, and form at different



different Distances reciprocal Communications, by semi-annular Arches, as by so many subordinate Sinuses. The two longitudinal Sinuses communicate likewise in their Passage with the Vertebral Veins, in the same manner as the neighbouring Arteries.

§ 9. *Uses of the Brain, and of its Appendages in general.*

181. WE are obliged to the great *Malpighi* for the first and best Instructions concerning the manner of examining the Structure of the Brain, especially that of the two Substances of which it is made up, and for putting us in a condition to be able to conjecture something about its Uses. The Experiments and Observations of that illustrious and faithful Searcher into Nature, having been repeated by several excellent Philosophers, and confirmed by comparative Anatomy, leave us no room to doubt but that the Brain is a Secretory Organ, or as it is called by Anatomists, a Gland.

182. IT is to no purpose to dispute about Words, when we are agreed as to the things themselves. Anatomists have for many Years past understood by the word Gland, an Organ fitted to separate some particular Fluid from the Mass of Blood, as universally as they mean by the word Muscle, all sorts of fleshy Fibres capable of Contraction; and this last Term might be cavilled at and rejected as justly as the other.

183. THE whole Matter of Secretions must be owned to be very obscure; but it is to be hoped that the Brain and Liver will sometime or other lead us so far into the knowledge of it, as at least to be able to distinguish Truth from Falshood.

184. THE greyish or ash Colour of the cortical Substance is not the effect of a particular mixture of Red and White; at least we have no Experiment to prove it. The Blood indeed gives this Substance a slight reddish cast; but the ash Colour which seems to be the Characteristic of the Structure of these Secretory Organs, is not owing to that.

185. WE learn from *M. Ruysch's* Anatomical Injections that the cortical Substance is chiefly composed of Vessels; that by making these Vessels swim in a clear pellucid Liquor, their Extremities represent an infinite number of fine Brushes or vascular Tufts, and that his Injection fills even the smallest Filaments of these Tufts. He tells us likewise, that in these last Filaments the Structure is altered; and that by the Mechanism of this change, the Functions attributed to Glands may be performed.

186. BUT still these Injections and Preparations do not unravel the Mystery; neither is the Existence of these Pencils or Tufts sufficiently demonstrated; for they are only the last Extremities of the small Arteries macerated in Water, or some other Liquor, after being injected; and then artificially separated from the other essential Parts of the Organ.

187. IN the first place they are separated from the Venal Extremities which must answer to these Tufts, in what manner soever that be brought about. Secondly, they are separated from the membranous Filaments of the Pia Mater, which in the natural state tie these arterial Extremities to each

each other, and give them a different Disposition from that of Tufts or Pencils. Thirdly, By this Preparation, the arterial Extremities are separated from their Connexions with the medullary Substance; which both Experiments and comparative Anatomy shew to be fibrous.

188. It is no ways surprising that these Capillary Extremities thus stript should float loosely and freely when moved in a Fluid, and that they should put on the appearance of Pencils or Tufts, being in this state only the truncated Extremities of small Vessels. When we consider these Circumstances attentively, we find our selves obliged to return to the small Glandular Bodies and Folliculi, &c. of *Malpighi*, of which in another place; and at the same time we must acknowledge that *Ruych*'s fine Injections have discovered these minute Bodies to be of a vascular Substance, the Structure of which we are still ignorant of.

189. In a word, *Malpighi* has discovered the glandular Tubercles and Folliculi without destroying their natural Connexions. *Ruych* has discovered a considerable part of their Structure by destroying their Connexions. We are therefore very much beholden to both these illustrious Anatomists, and it is only by joining their Observations to each other, that we can ever be able to form an Idea of the Secretory Organs, which will answer all the Phænomena concerning the different Secretions in the Human Body.

190. THE infinite number of these small Secretory Clusters, strain or filter the Mass of Blood carried to them by the numerous Ramifications already mentioned, and separate from it, an excessively fine Fluid; the remaining Blood being conveyed back by the same number of Venal Extremities, into the Sinuses of the Dura Mater, and from thence into the Jugular and Vertebral Veins.

191. THIS subtle Fluid commonly called Animal Spirit, Nervous Juice or Liquor of the Nerves, is continually forced into the medullary Fibres of the white Portion of the Cerebrum, Cerebellum, Medulla Oblongata, and Medulla Spinalis; and by the Intervention of these Fibres supplies and fills the Nerves, which are a continuation of them.

192. ALL the Nervous Ropes, as they pass through the Foramina of the Cranium and Vertebrae are accompanied by particular Elongations of the Pia and Dura Mater. Those of the Dura Mater serve them for Vaginae in their passage through the bony Openings. Those of the Pia Mater not only accompany and invest each nervous Rope, but also form internal Septa between all the Filaments of which each Rope consists. It is known from many Experiments, that the Nerves are the primitive or original Organs of all Muscular Motion and of all Animal Sensation; and that these two Functions depend in general on the Brain; but we are ignorant of the nature of this Dependence, and of the particular Uses of the Medullary Fibres, of the Nervous Fluid, and of the Membranous Productions which accompany the Fibres and Nerves.

193. NEITHER is there any thing certain in what has been said concerning the Design or particular Uses of the superficial conformation of the Cerebrum



Cerebrum and Cerebellum, or of the different Configuration of their Turnings, Circumvolutions, Eminences, Depressions, Expansions, and various Folds. It may be affirmed in general, that by this Structure the extent of the Secretory Organ of the Nervous Fluid is increased very considerably, and the particular Functions of each Nervous Rope distinguished, and likewise their general and reciprocal correspondence, both in regard to the Exquisiteness of the Organs of Sensation, and the Activity of the Organs of Motion.

194. THE Falx of the Dura Mater hinders one Portion of the Cerebrum from pressing on the other, when we lie on one side. The transverse Septum serves for a Tent to the Cerebellum, and defends it from a mortal Compression which it must otherwise be liable to from the Cerebrum, especially when we walk or jump.

195. THE Septum and Productions of the Pia Mater connect and strengthen all the Circumvolutions, Divisions and Ridges of the Cerebrum, Cerebellum, &c. and sustain in a general and almost incomprehensible manner all the Branches and Ramifications of the Blood-Vessels, all the medullary Filaments, and all the Elongations and Ropes that depend on these.

§ 10. *A Dissertation on the Anatomy of the Brain by M. Steno, read in the Assembly held at M. Thevenot's House in the Year 1668.*

GENTLEMEN,

INSTEAD of promising that I shall satisfy your curiosity in what relates to the Anatomy of the Brain, I begin by publicly and frankly owning that I know nothing of the matter. I wish I were the only Person under a necessity of talking in this manner, because I might in time become acquainted with what others know; and it would be a great blessing to Mankind if this most delicate Part, and which is liable to so many dangerous Diseases, were as well understood as the generality of Anatomists and Philosophers imagine it to be. In this, few imitate the Sincerity of *Silvius* who never talks positively concerning the Brain, though he has been at more pains about it, than any Man that I know. The number of those who think every thing easy is infinitely the greatest; and they give us the History of the Brain and Disposition of its Parts with the same confidence and assurance, as if they had been present at the Formation of this surprising Machine, and had been let into all the Designs of the Great Architect. Though the number of these positive Gentlemen be very great, and though I cannot pretend to answer for the Sentiments of all the rest, I am nevertheless very much convinced that they who search for solid Knowledge, will find nothing satisfactory in all that has been written about the Brain. It is very certain that it is the principal Organ of the Soul, and the Instrument by which it works very wonderful Effects. The Soul which imagines it can penetrate into every thing without it; and that nothing in the World can

can set bounds to its Knowledge, is nevertheless utterly at a loss to describe its own Habitation, and is no where more to seek than at home. We need only view a Dissection of that large Mass, the Brain, to have Ground to bewail our Ignorance. On the very Surface you see varieties which deserve your admiration; but when you would look into its inner Substance you are utterly in the dark, being able to say nothing more than that there are two Substances, one greyish the other white, which last is continuous with the Nerves distributed all over the Body; that the greyish Substance serves in some places for a Cortex to the White, and that in other places it separates the white Filaments from each other.

If we are asked what these Substances are, in what manner the Nerves are joined in the white Substance, or how far their Extremities penetrate into it, all we can do is to own our ignorance, except we be resolved to increase the number of those who prefer the applause of the Publick to sincerity and truth. For, to say that the white Substance is only an uniform Body like Wax, without any Art concealed in it, would be to think too meanly of this great Master-piece of Nature. We are sure that wherever there are Fibres in the Body, they always observe a certain regular order more or less complex in proportion to the Functions for which they are appointed. If this Substance is every where Fibrous, as it appears in many places to be, you must own that these Fibres are disposed in the most artful manner; since all the diversity of our Sensations and Motions depends upon them. We admire the contrivance of the Fibres of every Muscle, and ought still more to admire their disposition in the Brain, where an infinite number of them contained in a very small Space, do each execute their particular Offices without confusion or disorder.

THE Ventricles or Cavities of the Brain are no less unknown than its Substance. They who place the Animal Spirits there, think they are as much in the right as they who make them the Receptacles of the Excrements; but they are both equally puzzled, when they are desired to explain the Origin of these Spirits and Excrements. These may come from the Vessels found in these Cavities as well as from the Substance of the Brain; and it is equally difficult to determine how they get out.

AMONG those who place the Animal Spirits in the Ventricles, some make them pass from the anterior to the posterior Ventricles, there to meet with the Entries of the Nerves, while others affirm that these Entries are in the anterior Ventricles. Some imagine that the Excrements of the Brain are contained in the Ventricles, because they think they see something like Excrements there; but they own that there is as ready a Passage for them from the Brain down to the Medulla, as into the Infundibulum; and supposing they go into the Infundibulum, they may be carried from thence into the Sinuses of the Dura Mater, and there is some reason to believe that they may have an immediate Passage into the Eyes, Nares and Mouth.

WE are still more uncertain about what relates to the Animal Spirits. Are they Blood, or a particular Substance separated from the Chyle by



the Glands of the Mesentery? Or may they not be derived from a Lymphatic Serum? Some compare them to Spirit of Wine, and it may be doubted whether they are not the Matter of Light. Our common Dissections cannot clear up any of these difficulties.

THE true manner of dissecting the Brain is as little known as its Substance. I need not mention the method of cutting it into Slices, because it is owned by every Body that nothing can be learned that way. The second method of unfolding all the Plicæ is something more artful; but it only shews us the outer Surface of what we want to know, and even that, very imperfectly.

THE third Method of unfolding the Plicæ, and separating the two Substances goes no further than the Surface of the Medulla. These three Methods have been differently combined; and they may be still more diversified according as they are executed longitudinally, transversely, &c.

As for my own part, it is my Opinion that the true method of Dissection would be to trace the nervous Filaments through the Substance of the Brain, to see which way they pass, and where they end; but this Method is accompanied with so many Difficulties, that I know not whether we may hope ever to see it executed without a particular manner of preparing. The Substance of the Brain is so soft, and the Fibres so tender, that they can hardly be touched without breaking. Since therefore Anatomy has not hitherto arrived to that degree of perfection as to make the true Dissection of the Brain, let us without flattering our selves any longer, freely acknowledge our Ignorance, that we may not first deceive our selves, and others afterwards, by promising to shew them the true Structure of this Organ.

I should tire your patience instead of entertaining you, were I to mention particularly all the disputes that have arisen about the Brain: Books are but too full of them; and therefore I shall only relate the principal Mistakes that still subsist among Anatomists, and which may be corrected by Anatomy; and they may be reduced to these Heads. Some pretend to shew Parts in the Brain as separate, which are only a Continuation of the same Substance; and others would persuade us that these Parts touch each other without any Connexion, though they are visibly joined together by Filaments or Vessels. Some situate the Parts in the manner which is most agreeable to the Systems they have framed, without considering that they are quite otherwise situated by nature. They shew you the Pia Mater, for instance, in places where it never was; and do not see the Dura Mater in places where it is very visible; and in case of need, they will make the very Substance of the Brain pass for a Membrane.

I have too good an Opinion of Men of Learning in general, to believe that they do this with a Design to deceive others; but the Principles which they have established, and the Method of Dissection to which they have accustomed themselves, oblige them to it. All Anatomists would demonstrate the Parts the same way, if they made use of the same Method; and therefore we ought not to be surpris'd if their Systems are very ill founded.

THE Ancients were so far prepossessed about the Ventricles as to take the Anterior for the Seat of common Sense, the Posterior for the Seat of Memory, that the Judgment which they said was lodged in the middle, might more easily reflect on the Ideas which came from either Ventricles. I would only ask those who are still of the same Opinion, to give us the reason why we should believe them, for there is nothing satisfactory in all that has been hitherto said in favour of it; and as that fine arched Cavity of the third Ventricle where they placed the Throne of Judgment does not so much as exist, we may easily see what Judgment is to be pronounced on the rest of this System.

*Willis* is the Author of a very singular Hypothesis. He lodges common Sense in the Corpora Striata, the Imagination in the Corpus Callosum, and the Memory in the cortical Substance: But without being at pains to enter into the detail of his whole Hypothesis, we need only make the following Remarks upon it. He describes the Corpus Striatum, as having two sorts of Striæ, one ascending the other descending; and yet if you separate the cortical from the white Substance, you will perceive that these Striæ are all of the same Nature, that is, that they are part of the Substance of the Corpus Callosum which runs toward the Medulla Spinalis, parted into different Lamellæ by the Intervention of the ash-coloured Substance.

How can he then be sure that these three Operations are performed in the three Bodies which he pitches upon? Who is able to tell us whether the nervous Fibres begin in the Corpora Striata, or if they pass through the Corpus Callosum all the way to the cortical Substance? We know so little of the true Structure of the Corpus Callosum, that a Man of a tolerable Genius may say about it, whatever he pleases.

*M. Descartes* knew too well how imperfect an History we have of the Human Body, to attempt an Exposition of its true Structure; and accordingly in his *Traëtatus de Homine*, his Design is only to explain a Machine capable of performing all the Functions done by Man. Some of his Friends have indeed expressed themselves on this Subject differently from him; but it is evident from the beginning of that Work, that he intended no more than what I have said; and in this sense, it may justly be said that *M. Descartes* has gone beyond all the other Philosophers. He is the only Person who has explained mechanically all the human Actions, and especially those of the Brain. The other Philosophers describe to us the Human Body itself. *M. Descartes* speaks only of a Machine, but in such a manner, as to convince us of the insufficiency of all that had been said before him, and to teach us a Method of inquiring into the uses of the Parts with the same evidence with which he demonstrates the Parts of his Machine called a Man, which none had done before him.

WE must not therefore condemn *M. Descartes*, though his System of the Brain should not be found altogether agreeable to experience; his excellent Genius which shines no where more than in his *Traëtatus de Homine*, casts a Veil over the Mistakes of his Hypotheses, especially since even *Vesalius* himself and other Anatomists of the first rank, are not altogether free from such



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such Mistakes. And since we can forgive these great Men their Errors, who passed the greatest part of their lives in dissecting, why should not *Descartes* meet with the same Indulgence, who has happily employed his time in other Speculations?

THE respect which I and all the World owe to such superior Geniuses, would have inclined me to continue only to admire this Treatise as containing the Description of a fine Machine invented by the Author, if I had not met with several Persons who would make us believe that it is a faithful relation of the most secret Springs of the real Human Body. Since these Persons are not convinced by *Silvius's* repeated Demonstrations that *M. Descartes's* Descriptions do not agree with what appears in dissecting the Human Body, I find my self obliged to point out some Parts of his System, without relating the whole, in which they must see, if they have a mind to be instructed, the vast difference there is between *Descartes's* imaginary Machine, and the real Machine of the Human Body.

THE Glandula Pinealis has lately been the Subject of the greatest Disputes touching the Anatomy of the Brain; but before I enter upon that Matter, or endeavour to determine the place where it lies, I must first give *Descartes's* own Opinion in his own words, contained in the following Passages, to which I have added several others taken from the same Treatise, at the end of this Discourse.

“ THE Surface of the Glandula Pinealis has a relation to the inner Surface of the Brain.

“ IN the Concavity of the Brain, the Pores are directly opposite to those of the small Gland.

“ THE Spirits run from all sides of the Gland into the Concavities of the Brain.

“ THE Gland may perform its Functions, though it be inclined sometimes to one side, sometimes to the other.

“ THE small Tubes on the Surface of the Concavities are always turned to the Gland, and may easily be turned toward the different Points of this Gland.

FROM all these Passages, it is certain that he believed the Glandula Pinealis to lie intirely in the Cavities of the Brain. And though in some other places, he says, that it is situated at the entry of these Cavities, yet we are not to think that this is contrary to what he advances in the Passages here quoted; for as it is but a very small Body, it may lie either at the entry, or in any other place of the Cavities, and yet still be within them, which he declares to be his Opinion in many other places.

WE are now to examine whether this Opinion be not contrary to experience. It is very certain that the Basis of this Gland reaches immediately from the Passage of the third Ventricle to the fourth; but the posterior Part, that is, one half of the Gland, may evidently be perceived to be altogether without the Cavities, by only removing the Cerebellum, and one or both of the Tubercles of the third Pair, with Dexterity and Care; upon

upon which the posterior part of the Gland will be brought into view, and yet no Passage will appear, by which the Air or any other Fluid can pass into the Ventricles.

To prove that the anterior Part of the Gland is not in the lateral Cavities, we need only look upon them, after they have been opened either in *Silvius's* way, or in that of the Ancients; for the Substance of the Brain will always be found to lie between these lateral Cavities and the Gland. The same thing may be demonstrated without cutting the Substance of the Brain, by separating from its Basis, the Part which contains these Cavities; for the Gland will then appear to be so far out of the Cavities, that it can have no manner of relation to them, being hindered by the Insertions by which this Part is fixed to the Basis. The Ancients knew very well that the Fornix is not continuous with the Basis of the Brain, but that it forms a third Cavity on its under side, and by forcing in Air through the Fissure between the Tubercles of the second Pair, we raise the Fornix, and thus by breaking the Filaments which connect it to the Basis, a large Cavity is formed; from whence some have imagined that when the Spirits swell the Cavities, the Fornix rises, and that all sides of the Surface of the Gland are turned toward the Cavities.

I say, some have imagined this, because though the Fornix be raised in the manner already said, only the anterior Surface of the Gland can be turned towards the lateral Cavities; but no preparation whatever can turn the posterior Surface toward the posterior Ventricles. But if the Brain has suffered no Violence, either in opening the Cranium, forcing in Air, or by any other Method, the Cavity of this third Ventricle will be found very narrow at the middle, and to contain nothing but the great Vein which forms the fourth Sinus and the Glandular Bodies, which accompany this Vein.

I own that behind this Fissure, and immediately below its posterior Opening, there is a Cavity lined on the fore and lateral Parts by that part of the Plexus Choroides which runs up toward the fourth Sinus, and at the backpart, closed by the Glandula Pinealis, the anterior Portion of which is perfectly continuous; and when the Fornix is removed, this Cavity remains intire under the first, in the Shape of a kind of inverted Horn.

WHAT *Descartes* says, that the Glandula Pinealis may perform its Functions, though it inclines sometimes to one side, sometimes to another, Experience shews to be groundless; because it is so hedged in between all the Parts of the Brain, and so fixed to them on all sides, that it cannot be moved in the least without Violence, and without breaking the Fibres by which it is connected. It is easy to shew likewise that *M. Descartes* has not represented it in its true Situation, which is neither perpendicular, as he represents it, nor inclined forward, as other very great Anatomists believe; but its Point is always turned toward the Cerebellum, and makes nearly half a right Angle with the Basis.

THE supposed Connexion of this Gland with the Brain by means of Arteries, is likewise groundless; for the whole Basis of the Gland adheres



to the Brain, or rather the Substance of the Gland is continuous with that of the Brain, though the contrary be affirmed by *Descartes*.

THE Hypothesis of Arteries meeting round the Gland, and from thence running up to the great Euripus, as it is called, is of great moment in *Descartes's* System, because the separation and motion of the Spirits depend upon it. But if we can believe our Eyes, this is no more than a Collection of Veins from the Corpus Callosum, from the interior Substance of the Brain, from the Plexus Choroides, from different places of the Basis of the Brain and from the Gland itself; the Office of which Veins is to carry back the Blood from the Brain to the Heart, and not to bring it from the Heart to the Brain. Some have thought that *M. Descartes* designed to carry the Nerves to the Gland, but he never had any such intention.

SUCH of *M. Descartes's* Friends who look upon his Man only as a Machine, will be so good as to believe that I do not here speak against his Machine, the contrivance of which I have always admired; but as for those who pretend to demonstrate that *M. Descartes's* Man is made like other Men; Anatomical Observations may easily convince them that this is a fruitless attempt. And if they should plead the same Experience on their side, we may readily answer that there is nothing more common than not to perceive the mistakes we commit in dissecting the Brain, as will evidently appear in the Sequel of this Dissertation.

I designed to have mentioned the other Systems of the Brain by which the Animal Actions have been accounted for, and the Origin and Composition of the Fluids contained in the Brain, been explained; but I considered afterwards, that this undertaking requires more application and leisure than my Journey will allow me.

DISSECTIONS or Preparations being liable to so many mistakes, and Anatomists having hitherto too readily formed Systems, and moulded these soft Parts in the manner that was most agreeable to each; we cannot be surpris'd to find so little exactness in their Figures. But this want of accuracy in the Figures is not owing to bad Dissections only. The ignorance of Drawers has contributed very much, and the difficulty of expressing the several Eminences and Depressions of the Parts, and of understanding what the Anatomists chiefly insist upon, furnishes them with a never failing excuse. The best Figures of the Brain are those of *Willis*; but even these contain a great number of important Mistakes, and they want many things to perfect them. In the third Figure he represents the Superior or Pineal Gland like a round Ball; and consequently according to this Figure, the Apex of that Gland cannot be said to be turned either forward or backward. Besides, we see here nothing of the Substance of the Brain on the foreside of the Gland, and which goes from one side to the other; all which the Figure would make us believe to be annihilated. Behind the Gland, a Space appears on the Basis of the Brain between the two Tubercles of the third Pair, which in the natural state, has a quite different appearance. The thin Expansion of the white Substance of the Cerebrum, which is continued to the middle of the Cerebellum, where it is very thick,

is quite wanting; as also the Origin of the Nervi Pathetici which go out from this Expansion. He likewise represents the second Pair of Tubercles as distinct, which commonly adhere to each other. The underside of the Fornix appears to be uniform, which is of an uneven and very elegant Structure. When we cut the Corpus Striatum transversely, we see Radii very different from what they are exhibited in *Willis's* eighth Figure. The white Radii appear there to be continuous with the forepart of the Corpus Striatum, which nevertheless is of an Ash-coloured Substance, and as it runs in between the white Radii, does not appear in that method of Dissecting, to adhere to any other Body whatever.

IN the third Figure the Infundibulum has no resemblance to Nature. The Nervi Motores Oculorum are streight, and not oblique as they ought to be; neither do we see the true Origin of the Filaments of which these Nerves are composed, from the Basis of the Brain. The Pons Varolii might have been better and more distinctly expressed; and the anterior Roots of the Fornix are not separated as in the seventh and eighth Figures, but touch each other at the upper part, and form an acute Angle. The Line marked G. G. G. in the seventh Figure appears to be a continued Line, though the part between the Roots of the Fornix which is represented, has no Connexion with the Extremities; and in the same Figure the Glandula Pinealis is connected to the Substance of the Brain by two Funiculi. I need say nothing of the Figures of *Vesalius*, *Casseri*, &c. for since these which are the latest and best, are so very imperfect, we may easily imagine how little regard is to be paid to the others.

I have seen but three Figures of *Varolius* which express in a wretched manner, the best Observations that have ever been published on the Brain. I do not know whether the Figures of the first Edition at *Padua* in 1573, may not be better than those which I have seen published at *Frankfort* in 1591, and again in *Baubin's* Anatomy. Among *Bartolinus's* Figures, there are three which represent the Brain dissected after *Silvius's* Method, but the Author himself owns that they are faulty. But to pass over many other Mistakes in all these Figures, there is not one amongst them which represents truly the Situation of the Glandula Pinealis; the Duct of the third Ventricle; the Plexus Choroides; the Ramifications of the Veins contained in the lateral Cavities; the Distribution of the Arteries; the concurrence of the Veins which form the fourth Sinus; or the numerous glandular Bodies lodged there.

FROM all this you see how the Brain has been hitherto dissected, how little Knowledge has been gained from these Methods of Dissection, and how falsely the Figures represent the Parts which they are designed for. It is easy to conclude from hence how little regard is to be paid to the Systems built on these bad Foundations, in framing of which the Authors by an unaccountable sort of Misfortune common to this with all other Arts, have imployed obscure Terms, Metaphors and Comparisons, all of them so ill chosen as to be equally puzzling to those who have made some progress in this Science, and those who begin to learn it. Besides, the greatest  
number



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number of these Terms are so low and so unworthy of the most noble part of the Body of Man, that I am at a loss whether I ought most to wonder at the bad turn of thought of those who first made use of them, or at the Indolence of their Successors who continue still to retain them. What necessity could there be to imploy the words Nates, Testes, Anus, Vulva and Penis, which in their common Signification have no relation at all to the Parts expressed by them in the Anatomy of the Brain? And accordingly what one Author calls Nates, another calls Testes, &c.

THE third Ventricle is a very equivocal Term. The Ancients understood by this word, a Cavity under the Fornix which they believed to be separated from the Basis of the Brain, and they have represented it with three Legs, that it might support the Brain which lies upon it. *M. Silvius* calls the third Ventricle a Canal found in the Substance of the Basis of the Brain, between the Infundibulum and the Passage which goes under the two posterior Pairs of the Tubercles of the Brain, towards the fourth Ventricle. Some Anatomists having separated the Bodies of this second Pair of Tubercles, take the Space between them, which is owing to their manner of Dissection, for the third Ventricle, which is consequently sometimes the Fissure above and sometimes the Canal below; and some will have it to be the Space between the Fissure and Canal, which is likewise owing to the Rupture of the Parts already mentioned. We have therefore three third Ventricles, the second of which alone is the true one; the first and third arising intirely from the Methods of preparing the Parts. To these a fourth third Ventricle might be added, if the small Fissure under the Fornix could be looked upon as a Passage between the two anterior Ventricles and the fourth. But it is so small and so full of the Vessels and Glands of the Plexus Choroides, that I doubt very much whether there can be any Communication that way, between the anterior and posterior Ventricles, especially since *Silvius's* third Ventricle is sufficient for that purpose, and likewise answers the Design so perfectly well, that whatever goes from the lateral to the posterior Ventricle, must first of all fill the Infundibulum and this Canal.

Two Glands are reckoned to belong to the Brain, though we know not if either of them resembles Glands in any thing more than in the Figure, and even that, when well examined, will be found to be different from what it is in the rest. The Superior or Pineal Gland is not like a Pine-Apple, either in Brutes or in Man; and it is not known whether the inferior or pituitary Gland acts in any respect on the Pituita.

THE Plexus Choroides represents a vascular Texture, in which the Veins are seen very distinct from the Arteries, and the Distribution of each may be traced separately. The name of Fornix gives the Idea of an arched or vaulted Part, which however is not to be found, when looked for in a proper manner. The Corpus Callosum in the common signification means the white Substance of the Brain which comes into view when the two lateral Parts are separated; but as it intirely resembles the rest of the Substance

stance of the Brain, there can be no reason for giving a particular name to one part of this Substance.

THERE are but two ways of coming at the knowledge of a Machine, either to be taught the whole Contrivance by the Maker, or to take it quite to pieces, and to examine each Piece by itself, and as it stands in relation to the rest. These are the only true ways of learning the Contrivance of any Machine; but the generality of Inquirers have thought that they had better guess at it, than be at pains to examine it thoroughly. They have satisfied themselves with observing its Motions, and on these Observations they have built Systems which they believed to be true, because by their help, they imagined they could explain all the Effects which they knew. They never considered that the same thing may be explained in different manners; and that the Senses alone are capable of informing us whether our Ideas be conformable to Nature. As the Brain is a Machine, we must not flatter our selves that we can discover the Contrivance of it by any other means than are made use of for knowing other Machines; and we have no way left but to take it to pieces, and to consider what every part is capable of in a separated and in an united state. In this search, we may truly say that few Anatomists have discovered any great degree of Curiosity. Chymistry has in all Ages found both private Men and Princes very ready to erect Laboratories; but few have pursued Anatomy with equal Ardour. This neglect is not owing to Princes, among whom, many have had curiosity enough for such an important part of Knowledge, to build magnificent anatomical Theatres, which they have often honoured with their presence. But the Dissecters being always willing to appear compleat Masters of this Science, never have had the sincerity to own that any thing still remained to be known, and to conceal their ignorance, have contented themselves with demonstrating what is to be found in the Writings of the Ancients.

ANATOMISTS might have reason to blame me, if I did not shew by a farther explanation that they are not so much in the wrong as I seem to insinuate, by saying, that they do not apply themselves sufficiently to Anatomical Inquiries. They that study Anatomy are generally either Physicians or Surgeons, who being both obliged to visit their Patients, have too little time left for Study, after they have attained to a tolerable degree of Reputation. But they ought not to undertake the Cure of a Body, the make of which they do not know, that is, they ought not to endeavour to rectify a Machine till they are previously acquainted with its Nature. Others who do not visit sick Persons, and have no other Business but that of teaching Anatomy in publick Schools, do not look upon themselves as more obliged to pursue Anatomical Inquiries than the practising Physicians and Surgeons. The Design of their Profession is to teach to those who are to practise Physick and Surgery, the Descriptions left us by the Ancients, of the Structure of the Human Body; and when they have clearly demonstrated all that is contained in the Works of the Ancients, and their Hearers have as distinctly understood them, they both imagine that they



have done their Duty. The Bounds of these different Professions of teaching and practising have been so very ill settled, that the true knowledge of the Human Machine, though the most necessary Branch, is neglected, as belonging neither to the Anatomist, Physician, nor Surgeon.

To make the necessary Inquiries for the discovery of Truth, a Man's whole time must be taken up; and Professors of Anatomy, who are obliged to make publick Demonstrations, which imploy a great deal of time and labour, cannot be proper for this Study, for the reasons already given, and for the following, which are no less evident.

1. THERE is so much Time and Application required to examine each Part as it ought, that every thing else must be laid aside, and we must mind nothing but that. Physicians and Surgeons cannot comply with this because of their Practice; nor Professors, because of their publick Demonstrations. Whole Years may sometimes be necessary to discover what may afterwards be demonstrated to others in the space of an Hour. I do not question but that *Pecquet* was a great while in carrying the Chyle from the Mesentery to the Subclavian Vein; and perhaps I should not be believed, were I to mention what difficulties I found, before I could shew the true Insertion of *Pecquet's* Duct, of which *Bilsius* had given us a Figure; whereas at present they may be both prepared and demonstrated in half an Hour.

2. THOUGH Anatomists open a thousand Bodies in the Schools, it is by meer accident if they ever discover any thing new. They are obliged to demonstrate the Parts as described by the Ancients, and in doing this it is necessary they should follow a certain Method; whereas Inquiries admit of no settled Method, but must be pursued in every manner that can be thought of. In the Schools every thing must be removed that lies in the way of the Part which they want to shew; but in particular Searches no Part must be cut off till we have first examined it; and if any such thing were attempted in publick Dissections, the Demonstrator would be looked upon as ignorant; and the Spectators would be often in the right to complain of loss of time, because he would not always be sure to find what he proposed to shew them. It is evident from these Considerations that Professors have not hitherto been obliged to make Inquiries in Anatomy, and even that it is impossible for them to do it, were they ever so willing; so that it is not their fault that greater Progress has not been made in that Science.

ANATOMY in general has, we see, been managed hitherto with very little success; and the Inquiries into the Brain have succeeded less than any others, because they have not been made with that care and diligence which the difficulty of the Subject requires. Let us now consider the true Method, and examine if any Person has hitherto found it out.

*Bilsius* applied himself to Anatomy, without having studied the Writings of the Ancients, and I make no question but that he would have made a greater Progress, if after having learned all that is good in these Writings, he had imployed his time and application in making new discoveries. We must own that the Works of our Predecessors contain very fine Experiments,

ments, which we might still have been ignorant of, if they had not handed them down. And they have sometimes told us Truths, which their Successors, for want of sufficient application, have not been able to see. It must, however, be owned, that all that both Ancients and Moderns have told us about the Brain is so uncertain, that the Books which contain the Anatomy of this Organ may be said to be chiefly a Collection of Doubts, Disputes and Controversies; but still a great advantage may be made of their Labour, and even of their Mistakes. I here speak of the Authors who have dissected, for as for those who only copy the Works of others, the best that can be said of them is, that it may sometimes be proper to read their Books by way of Diversion. But they would have deserved a great deal more commendation, and been more useful to those who dissect, if they had given us only an exact relation of all that Anatomists have wrote about the Brain; if they had explained, according to the laws of a true Analysis, all the different ways of accounting for the Animal Actions mechanically; or if they had made an exact List of all the Propositions found in these Writings, distinguishing those which are founded on Facts and Experience, from those which contain Reasonings and Conclusions drawn from the former. None of these Methods have hitherto been pursued by the Compilers, and therefore we must confine our selves mostly to the original Authors.

THE first thing to be considered is the History of the Parts; and in this we ought precisely to determine what is true and certain, that we may be able to distinguish that, from what is false or uncertain. Neither is it sufficient that we our selves are satisfied about any thing; the evidence of our Demonstrations ought to be so clear as to oblige every body else to assent to them, for otherwise the number of Disputes would rather increase than diminish. Every Anatomist who dissects the Brain demonstrates from experience what he advances. This soft and pliable Substance so readily yields to every motion of his Hand, that the Parts are imperceptibly formed in the same manner as he had conceived them before Dissection; while the Spectator who often sees two contrary Experiments made on the same Part, is either puzzled very much to know which he ought to embrace, or obliged to reject both to make himself easy. Therefore to prevent this inconveniency, it is absolutely necessary to carry Dissections the length of a convincing certainty, which, though very difficult, is very far from being impossible. For I would not have you imagine from what I have said, that I believe there is nothing certain in Anatomy; or that all who follow that Study, make the Parts appear as they have a mind, without any danger of being discovered. You may indeed justly doubt, if Parts which are shewn you separated, were ever united; but it would be impossible to shew them united together, if they were not naturally so. To clear up any doubt that might arise on this Subject; and to be certain whether the Parts which are shewn you were naturally joined or not, you need only examine them in their natural state, without using any kind of violence, but allow those whom you have a mind to convince, to do all that is in their power



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to shew that they are united. We may come at the same degree of certainty in other Circumstances, and particularly when we inquire into the Situation of Parts, provided we touch nothing without having first examined it, and set down every moment what we touch. In order to this we must not only be very attentive to the Part which we examine, but also reflect on all that we did before we reached it, to see if these Operations may have changed it from its natural state in any respect. For by often handling more exterior Parts, we may easily affect those that lie within them, and when these come in sight, we are apt to imagine that they are naturally such as they then appear, without considering how far we may have altered their Situation and Connexion with other Parts. The most famous Anatomical Dispute which this Age has produced may serve for an example of what I say. They who deny the Continuation of the Glandula Pinealis with the Substance of the Brain, and the Adhesion of the Fornix to the Basis of the Brain, would not talk so positively concerning a matter of fact, if they did not believe it to be proved by incontestable Experiments and Observations. But in making these Experiments they must necessarily have forgot the changes which happen in separating the exterior Parts, and that they destroy all the Connexions by which the Dura Mater adheres to the Cranium; and I have often observed that in raising the superior Part of the Cranium, the middle of the Dura Mater continued still to adhere to it, even after I had opened it sufficiently, to thrust in three Fingers between the separated Parts of the Cranium. Now, how can the Dura Mater be thus raised without making the interior Parts to which it is fixed suffer violence. The Glandula Pinealis adheres to the fourth Sinus, which is connected with the Falx, so that the Dura Mater cannot be raised at that place without affecting the Gland. This Falx receives likewise all the Veins which pass between the Fornix and the Basis of the Brain, and by which these two Parts are connected. There is a pretty strong Connexion between the upper part of the Brain and the Dura Mater, and when that Membrane is raised, the Brain must follow it; and the fourth Sinus being carried upward, breaks the Connexion between the Fornix and the Basis. I have many times been deceived about this when I first began to dissect the Brain, and I used to wonder why these Connexions were not always sensible. But observing afterwards in Horses, Sheep, Cats, &c. where that part of the Dura Mater which separates the Cerebrum from the Cerebellum is ossified, that I destroyed a great many of the inner Parts in extracting this Bone; I began to perceive the cause of this mistake, and that it was not an easy matter to separate the Cranium as it ought. The common way is to divide the Cranium by a circular Section, to remove the upper Segment, but if this Segment were again divided by a Section perpendicular to the former, it would be much more easily removed without doing any Violence to the Brain; for Scissars, Saws and Forceps cannot be handled without shaking and disordering the Parts. A small circular Saw might be contrived which would not shake the Parts very much, especially if it were turned upon a proper Axis placed between two pointed Pillars. This Saw might likewise be employed

employed for several other purposes in separating the Cranium; but if any Liquor could be discovered to dissolve or soften the Bones in a small space of time, this would be by far the best way of separating the Cranium.

It is not sufficient to be continually attentive, we must likewise make use of different Methods of Dissection, which are so many different proofs of the truth of our Operations, in order to satisfy our selves and to convince others.

THIS will appear a very strange Doctrine to those who believe that there are stated Laws for the Dissection of every Part, and that the Anatomical Administrations taught us by the Ancients, ought to be inviolably observed without any change or addition. I own that the Ancients might have given us unalterable Rules for the Dissection of each Part, had they been sufficiently acquainted with them themselves; but as they certainly knew less about many Parts than we do, they were at least as unfit as we are, to prescribe Rules which can never be fixed or constant till more Discoveries have been made. It will here be objected that some method must be followed in dissecting the Parts already known. This I readily grant, and also that the Method of the Ancients is to be made use of till a better is found out; but I would not have that Method looked upon as perfect or unalterable. The principal reason why a great many Anatomists have remained in their mistakes, and why they have gone no greater a length than the Ancients in Dissection, is because they believe that every thing has been already taken notice of, and that there is nothing left for the Moderns to do; and as they have looked upon the Ancient Laws as inviolable Rules in Dissection, they spent their whole lives in demonstrating the same Parts in the same manner; whereas Anatomy ought to be confined by no Rules, every new Dissection requiring a different Method. The advantage of proceeding in this manner is, that if we miss of new Discoveries, we at least are put in a condition to find out any mistakes that may have happened in former Dissections, especially in controverted Points, in which the Spectators ought to have the liberty of prescribing the Rules of Dissection.

THIS method of Dissection makes indeed but a very small Shew, and a Man cannot well display his Learning at the same time that he acknowledges his Ignorance; but as for my own part I much rather choose to own what I do not know, than to impose upon my Hearers, ancient Opinions, which will some time or other be demonstrated to be false. We have seen great Anatomists exposed to this Mortification; and we still see many who believe that more regard will be paid to their stiffness and positiveness in Opinion than to ocular Demonstration. I wish these Gentlemen much joy of their self-conceit; while I endeavour to follow the Laws of Philosophy by which we are taught to search after Truth in so cautious a manner, as never to believe we have found it, till it brings demonstration along with it.

I cannot prove to you the necessity of often changing the Methods of Dissection better than by the two following Examples. It is a confirmed  
Experiment



Experiment that by blowing into the beginning of the Fissure under the Fornix, the Fornix is separated from the Basis, and a considerable Cavity left between them; and the same thing happens when we separate the Cranium with violence, as I have already said. This is so evident, that both the Dissector and the Spectators are fully convinced of it; but if any Person should still be in doubt, there is no other way to clear it up but to endeavour to demonstrate this Cavity in another manner. For if it be natural, we must always find it the same, in whatever manner we look for it; but if by any other Method you find that it is wanting, and that the Parts between which it ought to lie, are connected together without leaving any void Space between them, you ought from that moment to be convinced of the falsity of the former Demonstration, and that it was the force of the Air to which the appearance of a Cavity was owing.

If the Brain is dissected according to the Method of *Varolius* or *Willis*, after having taken it out of the Cranium, you will commonly see the second Pair of Tubercles separated at the middle of that white Substance which lies before the Glandula Pinealis, and which is very often broken. When we make the Dissection, leaving the Brain in the Cranium, we see both the Tubercles and the white Substance intire, and then we see plainly that the cause of the first mistake was owing to the Weight of the lateral Parts which break those in the middle.

HAVING made a true and exact Plan of the Parts of the Brain; having discovered the Mistakes and the Causes of these Mistakes; and having settled the true Method of demonstrating these Parts, with all the necessary Precautions; the next Step is to express by good Figures all that we have discovered; for we had better be without Figures than not have them true and faithful. When we cannot have recourse to the Originals, the Representation serves to keep us in mind of them; and many Persons never have an opportunity of seeing the Parts in any other way, their aversion for Blood, hindering them from satisfying their curiosity by examining dead Bodies; and therefore if the Figures are not true, they give false Ideas to those who would learn Anatomy by their help, and puzzle others who make use of them only to refresh their Memory.

We ought therefore to leave nothing undone to procure exact Figures; in order to which a good Drawer is as necessary as a good Anatomist. We must likewise apply our selves very particularly to see in what manner we ought to dissect and dispose the Parts so as to exhibit all that is to be seen in the Brain, there being difficulties peculiar to this Organ. The other Parts require only a preparation to compleat the Figures we design; whereas the Brain, never so well prepared, subsides before the Figure can be taken; and we must have several fresh Subjects before one Figure can be finished. To this perhaps it is owing that no Anatomical Figures are so imperfect as those of the Brain.

I have hitherto said nothing of the Uses of the Parts nor of the Animal Actions, as they are called, because it is impossible to explain the Movements of a Machine, till we know the contrivance of its Parts. A rea-

sonable

sonable Man must in his own mind laugh at these positive Anatomists, who having made a long Harangue about the use of Parts, the Structure of which is altogether unknown to them, give this as the only reason of all they advance that God and Nature do nothing in vain. They deceive themselves in the application of this general Maxim; and the Part which they rashly judge to have been made by God for one end, is afterwards discovered to have been made for another. We had therefore much better own our Ignorance, be more reserved in our Decisions, and not undertake upon such slight conjectures to explain matters which are in their own nature so difficult.

ALL that I have hitherto mentioned is but a very small part of what ought to be done, in order to acquire the knowledge of the Brain. We ought moreover to examine the Heads of all Animals, and in all the different states of each Animal. In the Foetus of Animals, we see how the Brain is gradually formed; and what could not be seen in a sound healthy Brain, may perhaps be discovered in one that is diseased.

In living Animals we ought to consider every thing that may cause the least alteration in the Actions of the Brain, whether the Causes be external as from Liquors, Wounds, Medicines, &c. or internal, as a great number of Diseases reckoned up by Physicians. There is likewise this advantage attending the Dissection of the Brains of Animals, that we may manage them as we please. We may learn to trepan or to perform any other Surgical Operation upon them; we may examine whether the Brain has any Motion in these Operations, and whether the application of any Medicines to the Dura Mater, or to the Substance or Ventricles of the Brain, may not produce some particular Effects.

We might likewise make different Trials without opening the Cranium, by applying Medicines exteriorly, by mixing them with the Food, and by Injections into the Vessels, in order to discover what disturbs the Animal Actions, and what is most proper to restore them when disordered.

THE Brain is different in different Animals; and this is another reason why we should examine them all. The Brains of Birds and Fishes are not at all like that of Man; and even in Animals where there is the greatest likeness to the Human Brain, I have always found a very great Variety. Whatever this difference be, it may always afford us some new light, and teach us what it is absolutely necessary we should know. In some Animals, the Fibres are more easily seen than in Men; and the Parts which in the Human Brain are mixed and joined together, are sometimes distinct and separate, in Animals; and we often meet with the Substance more or less solid, and the Size and Situation different.

I need not insist any longer on this Subject, because I believe we are all convinced that we are indebted to the Dissection of Animals for almost all the new Discoveries of this Age; and that there are many Parts which would never have been found in the Human Brain, if they had not first been observed in Animals.

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WHAT I have hitherto said concerning the Insufficiency of all the Systems of the Brain, concerning the want of a true Method in dissecting it, concerning the infinite number of Inquiries that ought to be made about it in Man and in Brutes, in all their different states, concerning the barrenness of all the Writers on this Subject, and concerning the precautions that must be used in handling these tender Parts, ought certainly to undeceive those who satisfy themselves with what they find in the Books of the Ancients. We must always remain in ignorance if we sit down with what the Ancients have taught us, and if Men capable of making such Inquiries do not contribute their Labour, Industry and Study, in order to arrive at the knowledge of Truth, which is the principal aim of all who search for it sincerely.

*The Passages from Descartes referred to in this Dissertation are these.*

Page 11. FOR we must know that the other Vessels which bring the Blood from the Heart, having been divided into an infinite number of small Branches disposed in a reticular manner, and which are spread like a thin Web in all the Cavities of the Brain, are collected round a certain small Gland situated almost in the middle of the Substance of the Brain at the entry of the Cavities, and have in this place a great number of small Holes, through which the most subtle Parts of the Blood which they contain, may be conveyed to the Gland, because they are too small to allow the grosser Parts to pass. These Arteries do not terminate here, but several of them being united into one, run up in a straight course to that great Vessel, which like an Euripus supplies all the exterior Surface of the Brain.

Page 12. THE Gland is to be looked upon as a rich Source from which the finest and most agitated Parts of the Blood run on all Hands into the Cavities of the Brain.

Page 63. IMAGINE the Surface which is turned toward the Cavities to be a piece of close Network or Plexus; all the Meshes of which are so many small Holes through which the Animal Spirits may pass; and being turned toward the Gland from which all these Spirits proceed, they can easily be directed toward all the different Points of this Gland.

Page 65. THE Spirits do not stop any where, but in proportion as they enter the Cavities of the Brain by the Holes of the small Gland; they run directly toward those of the small Tubes which are over against them.

Page 72. IN explaining how Figures are marked in the Spirits on the Surface of the Gland, he determines plainly enough the relation which he supposes to be between the inner Surface of the Brain and that of the Gland.

Page 77. IT ought likewise to be considered that the Gland is composed of a soft Matter, and that it is not all united to the Substance of Brain, but only connected to small Arteries (the Coats of which are very loose and

and pliable) and supported in its Situation by the force of the Blood in these Arteries; so that a very small matter may incline it to either side, and by so doing, dispose the Spirits which it contains, to run towards one part of the Brain rather than to another..... If the Spirits were of equal force the Gland would always be kept in an immovable erect Posture in the Center of the Head.

Page 77. As the Spirits flow out more readily from one part of the Brain than from another, they may have force enough to turn the small Tubes in the inner Surface of the Brain into which they run, towards the place from whence they flow out, if they do not find them in that Direction.

### § 11. *Pericranium.*

196. BESIDES the external Integuments of the Head, the Skin, Hair, and cellular Substance, there is an Aponeurotic Expansion which covers the Head like a Cap, and is spread round the Neck and on the Shoulders like a Riding-Hood; and for this reason I give it in general the name of Hood, and I call the upper Portion of it, the Aponeurotic Cap.

197. THIS Aponeurosis is very strong on the Head, and it appears to be made up at least of two Strata of Fibres crossing each other. As it is spread on the Neck it becomes gradually thinner, and ends insensibly on the Clavicles. It sends out a Production on each side, from above downward, and from without inward, which having passed over the superior Extremity of the Musculus Sterno-Mastoidæus, runs behind that Muscle toward the transverse Apophyses of the Vertebrae of the Neck, where it communicates with the Ligamenta Intertransversalia.

198. THE external Surface of all the Bones of the Head, as well as of all the other Bones of the Human Body, except the Teeth, is covered by a particular Membrane, of which that Portion which particularly invests the Cranium is named Pericranium, and that which invests the Bones of the Face is simply termed Periosteum.

199. THE Pericranium is made up of two Laminæ closely united together. The internal Lamina which has by some been taken for a particular Periosteum, covers immediately all the bony Parts of this Region; and the external Lamina has been looked upon as a Membrane distinct from the internal, and named Pericranium particularly.

200. THE external Lamina of the Pericranium parts from the other, at the semi-circular or semi oval Plane mentioned in the Description of the Skeleton No 182. and becomes a very strong Aponeurotic or Ligamentary Tent which covers the Temporal Muscle, and is afterwards fixed in the external angular Apophysis of the Os Frontis, in the posterior Edge of the superior Apophysis of the Os Malæ, and in the superior Edge of all the Zygomatic Arch, as far as the Root or Basis of the Mastoide Apophysis.



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201. In the Interstice between the two Laminae at this place, lies a large Portion of the Musculus Temporalis, being inserted in each Lamina in the manner already said in the Description of the Muscles. The rest which does not give Insertion to this Muscle, that is, between the lower Portion of the Muscle and Zygomatic Arch, is filled by a cellular and fatty Substance. At this place, the Aponeurotic Hood is seen to join the external Lamina of the Pericranium, and they both communicate with particular Aponeurotic Expansions of the neighbouring Muscles, the Sterno-Mastoidæus, Masseter, Zygomaticus, &c.

## A R T. II.

*The Eye.*§ 1. *The Eye in general.*

*Situation  
and Composition.*

202. **T**HE Eyes are commonly two in number, situated at the lower part of the Forehead, one at each side of the Root of the Nose; and they are made up of hard and soft Parts. The hard Parts are the Bones of the Cranium and Face, which form two Pyramidal or Conical Cavities, like Funnels, to which we give the name of Orbits. The soft Parts are of several kinds.

203. THE principal and most essential soft Part in each Organ is the Globe or Ball of the Eye; the others are partly external and partly internal. The external Parts are the Supercilia or Eye-Brows, the Palpebræ or Eye-Lids, the Caruncula Lacrymalis, and the Puncta Lacrymalia; and the internal Parts are the Muscles, Fat, Lacrymal Gland, Nerves and Blood-Vessels.

*The Orbits.*

204. SEVEN Bones are concerned in the Composition of each Orbit, viz. the Os Frontis, Os Sphenoidale, Os Ethmoides, Os Maxillare, Os Malæ, Os Unguis, and Os Palati. In each Orbit we are to consider the Edge, Sides and Bottom. The Edge is formed by the Os Frontis, Os Maxillare, and Os Malæ; the Bottom by the Os Sphenoides and Os Palati; and all these Bones except the Os Palati, contribute to form the Sides. The Bottom is perforated by the Foramen Opticum of the Os Sphenoides; and the external side near this Foramen, by two orbitary Fissures, one superior, called Sphenoidalis, the other inferior, called Spheno-Maxillaris, as has been already said in the Description of the Skeleton.

205. ALL the Cavity of the Orbit is lined by a Membrane, which is an Elongation or Production of the Dura Mater; and it comes partly through the Foramen Opticum of the Os Sphenoides, and partly through the Sphenoidal or superior Orbitary Fissure. This Membrane, which may be looked upon as the Periosteum of the Orbit, communicates with the Periosteum of the Basis Cranii, by the inferior Orbitary Fissure, and with the Periosteum

trum of the Face at the Edge of the Orbit. At the upper part of the Edge of the Orbits, the two Periosteæ form a kind of broad Ligament, and a narrow one at the lower part of this Edge, which I shall call Ligaments of the Palpebræ.

206. THE particular Situation of the Orbits represents nearly two Funnel, placed laterally at a small distance from each other, in such a manner as that their Apices are almost joined, their nearest sides almost parallel, and the other sides turned obliquely backward; and for this reason, the middle of the great Circumference or Edge of each Orbit, is at a much greater distance from the Septum Narium, than the Bottom or Apex; and the Edge or great Circumference is very oblique, the temporal or external Angle of the Orbit lying more backward than the Nasal or internal Angle.

### § 2. The Globe or Ball of the Eye.

207. THE Globe of the Eye being the most essential of all the soft Parts *Composition.* belonging to the Organ of Sight; and being likewise a Part which we are obliged to mention as often as we speak of the other soft Parts, must be first described. It is made up of several proper Parts, some of which being more or less solid, represent a kind of Shell formed by the Union of several Membranous Strata called the Coats of the Globe of the Eye; and the other Parts being more or less Fluid, and contained in particular Membranous Capsulæ, or in the Interstices between the Coats, are termed the Humours of the Globe of the Eye. These Capsulæ are likewise termed Coats.

208. THE Coats of the Globe of the Eye are of three kinds. Some form chiefly the Shell of the Globe; some are additional, being fixed only to a part of the Globe, and some are capsular, which contain the Humours. The Coats which form the Shell are three in number. The External, to which the Convexity of the Globe is owing, is termed Tunica Sclerotica or Cornea; the middle Coat is named Choroides, and the third or innermost, Retina. The additional Coats are two, one called Tendinosa or Albuginea, which forms the White of the Eye, and the other, Conjunctiva. The Capsular Tunicae are likewise two, the Vitrea and Crystallina.

209. THE Globe of the Eye thus formed, sends out backward a pretty large Pedicle, which is the Continuation of the Optic Nerve. It is situated about the middle of the Orbit in the manner which we shall afterwards see; and it is tied to it by the Optic Nerve, by six Muscles, by the Tunica Conjunctiva and by the Palpebræ. The backpart of the Globe, the Optic Nerve and Muscles, are surrounded by a soft fatty Substance, which fills the rest of the Bottom of the Orbit.

210. THE Humours are three in number, the Aqueous, Vitreous and Crystalline. The first may properly enough be called an Humor, and is contained in a Space formed in the Interstices of the anterior Portion of



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the Coats. The second or Vitreous Humor is contained in a particular Membranous Capsula, and fills above three Fourths of the Shell or Cavity of the Globe of the Eye. It has been named Vitreous from its supposed resemblance to melted Glafs, but it is really more like the White of a new laid Egg.

211. THE Cryftalline Humor is fo called from its resemblance to Cryftal, and is often named fimplly the Cryftalline. It is rather a Gummy Mafs than an Humor, of a lenticular Form, more convex on the back than on the forefide, and contained in a fine Membrane called Membrana or Capsula Cryftallina. What I have here faid is fufficient to give a general Idea of the three Humors of the Globe of the Eye.

§ 3. *The Coats of the Eye in particular.*

*Tunica Sclerotic.*

212. THE most external, thickeft and ftrongeft Coat of the Eye is the Sclerotica or Cornea, and it invefts all the other Parts of which the Globe is compofed. It is divided into two Portions, one called Cornea Opaca, the other Cornea Lucida, which is only a fmall Segment of a Sphere, fituated anteriourly.

213. THE Cornea Opaca is made up of feveral Strata clofely connected together, and is of an hard compact Texture refembling Parchment. About the middle of its posterior convex Portion where it fufains the Optic Nerve, it is in a manner perforated, and thicker than any where elfe, its thicknefs diminifhing gradually toward the oppofite fide, and its Substance is penetrated obliquely in feveral places by fmall Blood-Veffels. The Courfe of the Nervous Filaments through this Coat is very fingular; they enter the convex fide at fome diftance from the Optic Nerve, and running from thence through its Substance, they pierce the concave fide near the Cornea Lucida.

214. THE Cornea Lucida called likewise fimplly Cornea, the opaque Portion being named Sclerotica, is made up in the like manner of feveral Strata or Laminæ clofely united, and appears to be a Continuation of the opaque Portion or Sclerotica, though of a different Texture. When macerated in cold Water, it fwells.

215. THIS Portion is fomething more convex than the Cornea Opaca, fo that it represents the Segment of a fmall Sphere added to the Segment of a greater; but this difference is not equally great in all Perfons. The Circumference of the convex fide is not circular as that of the concave fide, but tranfverfely oval; for the fuperior and inferior Portions of the Circumference terminate obliquely; but this Obliquity is more apparent in Oxen and Sheep than in Man.

216. THE Cornea Lucida is perforated by a great number of imperceptible Pores, through which a very fine Fluid is continually difcharged, which foon afterwards evaporates; but we difcover it evidently by preffing the Eye foon after Death, having firft wiped it very clean, for we then fee a gradual Collection of a very fubtle Liquor, which forms itfelf into little

Drops;

Drops; and this Experiment may be several times repeated on the same Subject. It is this Dew that forms a kind of Pellicle on the Eyes of dying Persons, which sometimes cracks soon after, as is observed in the Memoirs of the Academy for 1721.

217. THE second Coat of the Globe of the Eye is the Choroides which is of a blackish Colour, more or less inclined to red, and adheres by means of a great number of small Vessels, to the Cornea Opaca from the Insertion of the Optic Nerve all the way to the Union of the two Corneæ, where it leaves the Circumference of the Globe and forms a perforated Septum, by which the small Segment of the Globe is separated from the greater. This Portion goes commonly by the particular name of Uvea, which was formerly given to the whole second Coat; and as it is of different Colours in several Subjects, it has likewise got the name of Iris, which term, however, agrees more precisely to the coloured Surface of this Portion, and would even be very improper for this Surface in Persons where it is uniformly brown, black, or blackish. *Tunica Choroides.*

218. THE external Lamina of the Choroides is stronger than the internal, and both appear blackish because of their Transparency. At a very small distance from the Union of the two Corneæ, this Lamina is most closely united to the Cornea Opaca. Round this Adhesion it changes Colour and forms a whitish Ring of the same breadth with the Adhesion; and near the Edge of the Sclerotica this Ring is stronger and of a different Texture from what it is any where else. It adheres so closely to the Sclerotica, that if we blow through a small Hole made therein without touching the Choroides, the Air will penetrate every where between the two Coats, but cannot destroy this Adhesion, or pass to the Cornea Lucida. This Adhesion has been improperly named Ligamentum Ciliare. On the inner Surface of this Lamina we discover a great number of flat Lines in a vortical Disposition, which are the Vessels named by *Steno Vasa Vorticosa*, or Vortices Vasculosi, of which hereafter.

219. THE internal Lamina of the Choroides is thinner than the external; and its Surface, together with the corresponding Surface of the other Lamina, is covered by a blackish Substance with some mixture of red, which easily separates when touched, and immediately tinges the Water in which the Choroides is dipt. The Origin of this Substance has not as yet been discovered; but after a nice Anatomical Injection, I have observed a great number of vascular Stars on the inner Surface of this Lamina. In *M. Ruysche's* Works, it is termed *Membrana Ruyschiana*.

220. THE anterior Portion or perforated Septum of the Choroides has the name of Uvea, and the Hole near the Center of this Septum is called Pupilla. The anterior Lamina of the same Septum is termed Iris, and the radiated Plicæ of the posterior Lamina, *Processus Ciliares*. Between the two Laminæ of the Uvea we find two very thin Planes of Fibres which appear to be fleshy, the Fibres of one Plane being Orbicular, and lying round the Circumference of the Pupilla, and those of the other being *Uvea, Iris, Pupilla and Processus Ciliares.*



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ing radiated, one Extremity of which is fixed to the orbicular Plane, the other to the great Edge of the Uvea.

221. THE Plicæ or Processus Ciliares are small radiated and prominent Duplicatures of the posterior Lamina of the Uvea, and their Circumference answers partly to that of the white Ring of the external Lamina. They are oblong thin Plates; their posterior Extremities, or those next the Choroides being very fine and pointed; the others, or those next the Pupilla, broad, prominent, and ending in acute Angles. In the Duplication of each Ciliary Fold we find a fine reticular Texture of Vessels; and some pretend to have seen fleshy Fibres in the same place, lying in small Grooves of the Membrana Vitrea, as we shall see hereafter.

222. THE Space between the Cornea Lucida and Uvea, contains the greatest part of the Aqueous Humour, and communicates by the Pupilla with a very narrow Space behind the Uvea, or between that and the Crystalline. These two Spaces have been termed the two Chambers of the Aqueous Humour, one anterior, the other posterior, as I shall observe in describing this Humour in particular.

*Retina.*

223. THE third Coat of the Eye is of a very different Texture from that of the other two Coats. It is white, soft and tender, and, in a manner, medullary, or like a kind of Paste spread upon a fine reticular Web. It appears to be thicker than the Choroides, and reaches from the Insertion of the Optic Nerve, to the Extremities of the Ciliary Radii, being equally fixed to the Choroides through its whole extent. At the Place which answers to the Insertion of the Optic Nerve, we observe a small Depression, in which lies a sort of medullary Button terminating in a Point; and from this Depression Blood-Vessels go out, which are ramified on all sides through the Substance of the Retina.

224. IT is commonly said that the Retina is a Production or Expansion of the medullary Substance of the Optic Nerve; the Sclerotica, of the Dura Mater, and the Choroides, of the Pia Mater, which accompanies this Nerve. But this Opinion is not agreeable to what we observe in examining the Optic Nerve, and its Insertion in the Globe of the Eye. If we take a very sharp Instrument and divide this Nerve through its whole length, between where it enters the Orbit and where it enters the Globe, into two equal lateral Parts, and then continue this Section through the Middle or Center of its Insertion, the following Phænomena will appear.

225. THAT the Nerve contracts a little at its Insertion into the Globe; that its outer Covering is a true Continuation of the Dura Mater; that this Vagina is very different from the Sclerotica both in Thickness and Texture, the Sclerotica being thicker than the Vagina, and of another Structure; that the Vagina from the Pia Mater forms through the whole medullary Substance of the Nerve, several very fine cellular Septa, and that where it enters the Globe of the Eye, the Pia Mater does not directly answer to the Choroides.

226. Lastly,

226. Lastly, That as the medullary Substance of the Nerve enters the Globe it is very much contracted, and seems to terminate only in the small Tubercle or Button already mentioned, and that the Retina is too thick to be taken for an Expansion of the medullary Substance at this place.

227. THE Insertion of the Optic Nerve in the Globe of the Eye is most commonly, not directly opposite to the Pupilla, so that the distance between these two Parts is not the same when measured on all Parts of the Globe. The greatest distance is ofteneft on the side next the Temples, and the smallest, next the Nose. I have observed an inequality of the same kind in the breadth of the Uvea, which in many Subjects is less near the Nose than near the Temples; so that the Center of the Pupilla is not the same with that of the great Circumference of the Iris; and I have seen the same difference in the breadth of the Corona Ciliaris.

§ 4. *The Humours of the Eye and their Capsulae.*

228. THE Vitreous Humour is a clear and very Liquid Gelatinous Fluid contained in a fine transparent Capsula, called Tunica Vitrea, together with which it forms a Mass nearly of the Consistence of the White of an Egg. It fills the greatest part of the Globe of the Eye, that is, almost all that Space which answers to the extent of the Retina, except a small Portion behind the Uvea, where it forms a Fossula, in which the Crystalline is lodged. This Humour being dexterously taken out of the Globe, preserves its Consistence for some time in the Capsula, almost like the White of an Egg, and then runs off by little and little, till it quite disappears. *The Vitreous Humour.*

229. THE Tunica Vitrea is composed exteriorly of two Laminæ very closely connected, which quite surround the Mass of Humour, and are immediately applied to the Retina all the way to the great Circumference of the Corona Ciliaris; but from thence to the circular Edge of the Fossula of the Crystalline, this Coat is full of radiated Sulci which contain the Processus Ciliares of the Uvea. At the Edge of the Fossula, the two Laminæ separate and form a particular Capsula which belongs to the Crystalline, as we shall see hereafter.

230. THE internal Lamina of the Tunica Vitrea gives off through the whole Substance of this Humour, a great number of cellular Elongations, or Septa so extremely fine, as not at all to be visible in the natural state, the whole Mass appearing then to be uniform and equally transparent through its whole Substance; but they are discovered by putting the whole soon after it is taken out of the Body into some acedent, and gently coagulating Liquor.

231. THE radiated Sulci of the Tunica Vitrea which may be termed Sulci Ciliares, are perfectly black, when the Coat is taken out of the Body. This proceeds from the black Substance with which the Laminæ or Processus Ciliares are naturally covered, as well as all the rest of the Choroides, and which remains in the bottom of the Sulci; after the Laminæ have been

taken



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taken out. We observe very fine Vessels in this Humour, which shall be spoken to hereafter.

*The Crystalline Humour.* 232. THE Crystalline is a small Lenticular Body of a pretty firm Consistence, and transparent like Crystal. It is contained in a transparent Membranous Capsula, and lodged in the anterior Fossula of the Vitreous Humour, as has been already said. It is very improperly called an Humour, because it may be handled and moulded into different Shapes by the Fingers, and sometimes almost dissolved by different reiterated Compressions, especially when taken out of the Capsula.

233. THE Figure of the Crystalline is lenticular, but its posterior side is more convex than the anterior, the Convexity of both sides being very rarely equal. The internal Structure of this Mass has not been hitherto sufficiently discovered, to be described with certainty, especially in Man, where I could never find that contorted Disposition of Crystalline Tubes which some pretend to have seen in the Eyes of large Animals.

234. THE Colour and Consistence of the Crystalline varies in different Ages, as was discovered by *M. Petit* the Physician, and demonstrated by him in the Academy of Sciences from a great number of Human Eyes; and his Observations are inserted in the Memoirs for 1726. Till the Age of thirty, it is very transparent, and almost without any Colour. It afterwards becomes yellowish, and that yellowness gradually increases. The Consistence varies almost in the same manner, being of an uniform softness till the Age of twenty, and afterwards growing gradually more solid in the middle of the Mass; but in this there are Varieties explained in the Memoirs for 1727.

235. THE Crystalline Capsula or Coat is formed by a Duplicature of the Tunica Vitrea, as I have already said. The external Lamina covers the anterior side of the Crystalline Mass; the internal Lamina covers the backside, and likewise the Fossula Vitrea in which the Crystalline is lodged. The anterior Portion of the Crystalline Capsula is thicker than the posterior, and in a manner, elastic; and both its Thickness and Elasticity may be discovered in Dissection, without any other Artifice.

236. THE anterior Portion swells when macerated in Water, and then appears to be made up of two Pelliculae, united by a fine spongy Substance. I demonstrated this Duplicature very plainly in the Eye of an Horse by the Knife alone, and I even carried the Separation of the two Laminæ as far as the Vitreous Coat. Having made a small Hole in the middle of the Capsula, and blown into it through a Pipe, some part of the Air remained between the Edge of the Crystalline Mass and that of the Capsula in form of a transparent Circle. This Experiment was made with an Ox's Eye above ten Years ago.

237. IN examining the Human Eye, I have found that the Retina having reached the great Circumference of the Corona Ciliaris becomes very thin, and is continued between the Laminæ or Processus Ciliares of the Uvea, and the Ciliary Sulci of the Tunica Vitrea, all the way to the Circumference of the Crystalline. It is perhaps this Continuation which makes

makes the *Processus Ciliares* to be covered by a whitish Pellicle, and likewise increases the Thickness of the anterior Portion of the *Capsula Crystallina*.

238. THE Aqueous Humour is a very Limpid Fluid resembling a kind of Lympha or Serum with a very small degree of Viscidity; and it has no particular Capsula like the Crystalline and Vitreous Humours. It fills the Space between the Cornea Lucida and Uvea, that between the Uvea and the Crystalline, and the Hole of the Pupilla. These two Spaces are called the Chambers of the Aqueous Humour, and they are distinguished into the Anterior and Posterior.

239. THESE two Chambers are not of the same extent. The Anterior, which is visible to every body between the Cornea Lucida and Uvea, is the largest; the other between the Uvea and Crystalline is very narrow, especially near the Pupilla, where the Uvea almost touches the Crystalline. This Proportion between the two Chambers has been sufficiently proved, contrary to the Opinion of many ancient Writers, by *M. Heister*, *Morgagni*, and several Members of the Royal Academy; but none has treated these Matters at so great a length as *M. Petit* the Physician, as appears by the printed Memoirs of that Society.

§ 5. *The Tunica Albuginea and Muscles of the Globe of the Eye.*

240. THE Tunica Albuginea, called commonly the White of the Eye, and which appears on all the anterior convex side of the Globe, from the Cornea Lucida to the beginning of the posterior side, is formed chiefly by the Tendinous Expansion of four Muscles, in the manner presently to be described. This Expansion adheres very close to the Sclerotica, and makes it appear very white and shining, whereas the rest of it is of a dull whitish Colour. It is very thin near the Edge of the Cornea, in which it seems to be lost, terminating very uniformly.

241. THERE are commonly six Muscles inserted in the Globe of the Human Eye, and they are divided, on account of their Direction, into four Recti and two Obliqui. The Recti are again divided from their Situation, into Superior, Inferior, Internal and External; and from their Functions, into a Levator, Depressor, Adductor and Abductor. The two oblique Muscles are denominated from their Situation and Size, one being named Obliquus Superior, or Major; the other Obliquus Inferior, or Minor. The Obliquus Major is likewise called Trochlearis, because it passes through a small Cartilaginous Ring, as over a Trochlea or Pulley.

242. THE Musculi Recti do not altogether answer to that name, for in their natural Situation they do not all lie in a streight Direction, as they are commonly represented in an Eye taken out of the Body. To understand this, we ought to have a just Idea of the Situation of the Globe in the Orbit, and at the same time to remember the Obliquity of the Orbits, as already explained. The Globe is naturally placed in such a manner, as that during the Inaction or Equilibrium of all the Muscles, the Pupilla is turned



directly forward; the inner Edge of the Orbit is opposite to the middle of the inside of the Globe; the outer Edge of the Orbit, because of its Obliquity, is behind the middle of the outside of the Globe; and lastly, the greatest Circumference of the Convexity of the Globe between the Pupilla and the Optic Nerve, runs directly inwards and outwards, upwards and downwards.

243. IN this Situation, the internal Rectus alone is in a straight Direction, the other three being oblique; and the external Rectus is the longest, the internal, the shortest, and the superior and inferior, of the same middle length between the two former. The external Rectus is likewise bent round the outer convex side of the Globe; the superior and inferior are also incurvated, but in a less degree, whereas the whole Internus is almost straight: Notwithstanding all this I shall still continue to give them all, the common name of Musculi Oculi Recti.

244. THESE Muscles are fixed by their posterior Extremities at the bottom of the Orbit near the Foramen Opticum, in the Elongation of the Dura Mater, by short narrow Tendons, in the same order in which I have already named them. From thence they run wholly fleshy, toward the great Circumference of the Convexity of the Globe between the Optic Nerve and Cornea Lucida, where they are expanded into flat broad Tendons which touch each other, and afterwards unite. These Tendons are fixed first of all by a particular Insertion, in the Circumference just mentioned, and afterwards continue their Adhesion all the way to the Cornea, forming the Tunica Albuginea, as has been already said.

245. THE superior oblique Muscle is fixed to the bottom of the Orbit, by a narrow Tendon, in the same manner as the Recti, between the Rectus Superior and Internus. From thence it runs on the Orbit opposite to the Interstice between these two Muscles, toward the internal angular Apophysis of the Os Frontis, where it terminates in a thin Tendon, which having passed through a kind of Ring as over a Pulley, runs afterwards in a Vagina obliquely backward under the Rectus Superior, that is, between that Muscle and the Globe; and increasing in breadth it is inserted posteriorly and laterally in the Globe, near the Rectus Externus.

246. THE Ring through which this Muscle passes, is partly Cartilaginous and partly Ligamentary. The Cartilaginous Portion is flat, of a considerable breadth, and like half a Ring. The Ligamentary Portion adheres strongly to the two Ends of the Cartilage, and is fixed in the small Fossula which lies in the Orbit, on the angular Apophysis of the Os Frontis. By means of this Ligament, the Ring is in some measure moveable, and yields to the Motions of the Muscle. To the anterior Edge of the Ring, a Ligamentary Vagina is fixed which invests the Tendon all the way to its Insertion in the Globe.

247. THE Obliquus Inferior is situated obliquely at the lower side of the Orbit, under the Rectus Inferior, which consequently lies between this Muscle and the Globe. It is fixed by one Extremity a little Tendinous, to the Root of the Nasal Apophysis of the Os Maxillare, near the Edge of the

the Orbit between the Opening of the Ductus Nasalis, and the Inferior Orbital Fissure.

248. FROM thence it passes obliquely, and a little transversely backward, under the Rectus Inferior, and is fixed in the posterior lateral part of the Globe by a flat Tendon, opposite to, and at a small distance from the Tendon of the Obliquus Superior, so that these two Muscles do in some measure surround the outer posterior part of the Globe.

249. THE Rectus Superior moves the anterior Portion of the Globe upward when we lift up the Eyes; the Rectus Inferior carries this Portion downward; the Internus, toward the Nose; and the Externus, toward the Temples. *Uses of these Muscles.*

250. WHEN two neighbouring Recti act at the same time, they carry the anterior Portion of the Globe obliquely toward that side which answers to the distance between these two Muscles; and when all the four Muscles act successively, they turn the Globe of the Eye round, which is what is called Rolling the Eyes.

251. IT is to be observed, that all these Motions of the Globe of the Eye are made round its Center, so that in moving the anterior Portion all the other Parts are likewise in Motion. Thus when the Pupilla is turned toward the Nose or upward; the Insertion of the Optic Nerve is at the same time turned toward the Temple, or downward.

252. THE use of the oblique Muscles is chiefly to counterbalance the Action of the Recti, and to support the Globe in all the Motions already mentioned. This is evident from their Insertions which are in a contrary Direction to those of the Recti, their fixed Points with relation to the Motions of the Globe being placed forward, and those of the Recti, backward, at the bottom of the Orbit. The soft Fat which lies behind the Globe is altogether insufficient to support it; neither is the Optic Nerve more fit for this purpose; for I have shewn that this Nerve follows all the Motions of the Globe which would be impossible, were not the Fat very pliable, and without resistance. And to this we must add, that the Optic Nerve at its Insertion in the Globe has a particular Curvature, which allows it to be elongated, and consequently prevents it from suffering any Violence in the different Motions of the Eyes.

235. THE Obliquity of these two Muscles does not hinder them from doing the Office of a Fulcrum, because this is not a Fulcrum distinct from the Part moved, or on which the Globe of the Eye slides like the Head of one Bone in the articular Cavity of another, but being fixed to the Part, it easily accommodates itself to all the degrees of Motion thereof. Had these Muscles lain in a straight Direction they would have incommoded the Recti, but their Obliquity may be said to be in some measure rectified by the inner Surface of the Orbit, and by the Rectus Externus.

254. THE inner Surface of the Orbit serves for a kind of collateral Fulcrum, which hinders the Globe from falling too far inward; as the joint Action of the two Obliqui prevents it in part from falling too far outward. The Rectus Externus by being bent on the Globe not only hinders



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it from being carried outward, but also prevents the indirect Motions of the Obliqui from thrusting it out of the Orbit toward the Temples. The other uses attributed to these Muscles seem to me to be without Foundation, from the consideration of their Insertions, and of the Structure of the Parts with which they are concerned; both which Reasons are explained in the Memoirs of the Academy for 1721.

### § 6. *The Supercilia, and Musculi Frontales, Occipitales and Superciliares.*

#### *Supercilia.*

255. THE Supercilia or Eye-Brows are the two hairy Arches situated at the lower part of the Forehead, between the top of the Nose and Temples in the same Direction with the bony Arches which form the superior Edges of the Orbits. The Skin in which they are fixed does not seem to be much thicker than that of the rest of the Forehead; but the Membrana Adiposa is thicker than on the neighbouring Parts. The Extremity of the Eye-Brows next the Nose is called the Head, as being larger than the other Extremity, which is named their Tail. Their Colour is different in different Persons, and often in the same Person, different from that of the Hair on the Head; neither is the Size of them always alike. The Hairs of which they consist are strong and pretty stiff, and they lie obliquely, their Roots being turned to the Nose, and their Points to the Temples.

256. THE Supercilia have Motions common to them with those of the Skin of the Forehead, and of the hairy Scalp. By these Motions the Eye-Brows are lifted up, the Skin of the Forehead is wrinkled more or less regularly and transversely; and the Hair and almost the whole Scalp is moved, but not in the same degree in all Persons; for some by this Motion alone can move their Hat, and even throw it off from their Head. The Eye-Brows have likewise particular Motions which contract the Skin above the Nose; and all these different Motions are performed by the following Muscles.

#### *Musculi Frontales.*

257. THE Frontal Muscles are two thin, broad, fleshy Planes of unequal lengths, lying immediately behind the Skin and Membrana Adiposa on the anterior Parts of the Forehead, which Parts they cover from the Root of the Nose, and through about two thirds of the Arch of the Eye-Brows on each side, all the way to the lateral Parts of the Hair on the Forehead. At the Root of the Nose they touch each other as if they were but one Muscle, and at this place their Fibres are short and longitudinal, or vertical.

258. THE next Fibres on each side become gradually longer and more oblique, the most anterior being always the shortest and straightest; and the lateral, the longest and turned most obliquely toward the Temples at their upper Extremities. By this Disposition an angular Interstice is formed between the place where the two Muscles join, and the Hair on the middle of the Forehead; but this Disposition is not the same in all Subjects, no more than the Wrinkles, and Bounds of the Hair on the Forehead.

259. THESE Muscles are fixed by the inferior Extremities of their fleshy Fibres immediately in the Skin, running through the Membrana Adiposa. They cover the Musculi Superciliares, and adhere closely to them by a kind of Intertexture. By the same Fibres they seem to be inserted in the angular Apophyses of the Os Frontis, and to be blended a little with the Muscles of the Palpebrae and Nose. The upper Extremities of their fleshy Fibres are fixed in the external or convex Surface of the Pericranium. Each of their lateral Portions covers a Portion of the Temporal Muscle on the same side, and adheres very closely to it. The superior and inferior Insertions are graduated.

260. THE Occipital Muscles are two small, thin, broad, and very short fleshy Planes, situated on the lateral Parts of the Occiput at some distance from each other. They are inserted by the inferior Extremities of their fleshy Fibres in the superior transverse Line of the Os Occipitis, and also a little above it. From thence they run up obliquely from behind forward, and are fixed in the inner or concave Surface of the Pericranium. *Musculi Occipitales.*

261. THE breadth of these Muscles reaches from the posterior middle part of the Occiput, toward the Mastoide Apophysis, and they diminish unequally in length as they approach these Apophyses. From this inequality in length each of them appears as if it were double in some Subjects, and in others they are so thin and pale, that they seem to be wanting. They are sometimes covered by an Aponeurotic Expansion of the Trapezii.

262. THE Occipital and Frontal Muscles appear to be true Digastrici, both in regard to their Insertions in the Pericranium, and in regard to their Action. Their Insertions in the Pericranium are opposite, one being on the outside, the other on the inside; so that this Membrane or Aponeurosis may be considered as a middle Tendon of four single Muscles, that is, which have their fleshy Fibres fixed only to one side of their Tendons. The fixed Insertions of the Occipitales at the lower part of the Occiput, and the moveable Insertions of the Frontales in the Skin of the Forehead and of the Supercilia, being well considered, together with their reciprocal Insertions in the same Aponeurosis, seem to be a very convincing proof that they are Digastric Muscles.

263. THESE four Muscles seem always to act in concert, the Occipitales being only Auxiliaries or Assistants to the Frontales, the Office of which is to raise the Supercilia, by wrinkling the Skin of the Forehead; these Wrinkles following the Direction of the Eye-Brows pretty regularly in some Subjects, and very irregularly in others.

264. To be convinced of the Co-operation of these four Muscles, we need only hold the Hand on the Occipitales, while we raise the Eye-Brows and wrinkle the Forehead several times; and we will perceive the Occipitales to move each time, though not in the same degree in all Subjects. In some Persons the Occipitales seem to be relaxed, while the Frontales being in Contraction, move the whole Scalp and Pericranium forward, and then contract to bring them back to their natural Situation.

265. THE



*Musculi Superciliares.*

265. THE Musculi Superciliares are fleshy Fasciculi situated behind the Supercilia, and behind the inferior Portion of the Musculi Frontales, from the Root of the Nose to above one half of each Superciliary Arch. They are strongly inserted partly in the Synarthrosis of the Ossa Nasi with the Os Frontis, where they come very near the proper Muscles of the Nose, and partly in a small neighbouring Portion of the Orbit. From thence they first run up a little, and afterwards more or less in the Direction of the Eye-Brows. They are made up of several small Fasciculi of oblique Fibres, all fixed by one end in the manner already said, and by the other partly in the lower Extremity of the Muscles by which they are covered, and partly in the Skin of the Supercilia. This last Portion is easily confounded with a Portion of the Musculus Orbicularis Palpebrarum.

266. THE Action of these Muscles is to depress the Eye-Brows, to bring them close together, and to contract the Skin of the Forehead immediately above the Nose, into longitudinal and oblique Wrinkles, and the Skin which covers the Root of the Nose into irregular transverse Wrinkles. This Action, as well as that of the Frontales, and of the Muscles of the Nose and Lips, is not always arbitrary, but sometimes mechanical and involuntary. These Muscles may perhaps likewise serve to keep the Musculi Frontales in Equilibrio during their inaction, they being moveable by both Extremities.

§ 7. *The Palpebræ and Membrana Conjunctiva.**Palpebræ.*

267. THE Palpebræ are a kind of Veils or Curtains placed transversely above and below the anterior Portion of the Globe of the Eye; and accordingly there are two Eye-Lids to each Eye, one superior, the other inferior. The Superior is the largest and most moveable in Man; the Inferior the smallest and least moveable. They both unite at each side of the Globe, and the places of their Union are termed Angles, one large and internal which is next the Nose, the other small or external which is next the Temples.

*Structure of the Palpebræ.*

268. THE Palpebræ are made up of common and proper Parts. The common Parts are the Skin, Epidermis, and Membrana Adiposa. The proper Parts are the Muscles, the Tarfi, the Puncta or Foramina Lacrymalia, the Membrana Conjunctiva, the Glandula Lacrymalis, and the particular Ligaments which sustain the Tarfi. The Tarfi and their Ligaments are in some measure the Basis of all these Parts.

*Tarfi.*

269. THE Tarfi are thin Cartilages forming the principal Part of the Edge of each Palpebra; and they are broader at the Middle than at the Extremities. Those of the superior Palpebræ are something less than half an Inch in breadth; but in the lower Palpebræ they are not above the sixth part of an Inch; and their Extremities next the Temples are more slender than those next the Nose.

270. THESE Cartilages are suited to the Borders and Curvature of the Eye-Lids. The lower Edge of the superior Cartilage and the upper Edge of

of the inferior, terminate equally, and both may be termed the Ciliary Edges. The opposite Edge of the upper Tarsus is something semi-circular between its two Extremities; but that of the inferior Tarsus is more uniform, and both are thinner than the Ciliary Edges. Their inner sides or those next the Globe are grooved by several small transverse Channels, of which hereafter; and the Extremities of both Cartilages are connected by a kind of small Ligaments.

271. THE broad Ligaments of the Tarfi are membranous Elongations *Ligamenta Tarforum* formed by the Union of the Periosteum of the Orbits and Pericranium *Lana* along both Edges of each Orbit. The superior Ligament is broader than the inferior, and fixed to the superior Edge of the upper Cartilage, as the inferior is to the lower Edge of the lower Cartilage, so that these Ligaments and the Tarfi taken alone or without the other Parts, represent Palpebræ. This discovery I first communicated in my private Courses.

272. THE Membrana Conjunctiva is generally described among the *Membrana Conjunctiva* Coats of the Globe of the Eye; and I also mentioned it there, but have referred the Description of it to that of the Palpebræ. It is a thin Membrane, one Portion of which lines the inner Surface of the Palpebræ, that is, of the Tarfi and their broad Ligaments. At the Edge of the Orbit it has a Fold, and is continued from hence on the anterior half of the Globe of the Eye, adhering to the Tunica Albuginea; so that the Palpebræ and the Forepart of the Globe of the Eye are covered by one and the same Membrane, which does not appear to be a Continuation of the Pericranium, but has some Connexion with the broad Ligaments of the Tarfi.

273. THE name of Conjunctiva is commonly given only to that part which covers the Globe, the other being called simply the internal Membrane of the Palpebræ; but we may very well name the one Membrana Oculi Conjunctiva, and the other Membrana Palpebrarum Conjunctiva. That of the Palpebræ is a very fine Membrane adhering very close and full of small capillary Blood-Vessels. It is perforated by numerous imperceptible Pores through which a kind of Serum is continually discharged; and it has several very evident Folds which shall be spoken to hereafter.

274. THE Conjunctiva of the Eye adheres by the Intervention of a cellular Substance, and is consequently loose, and as it were, moveable; and it may be taken hold of and separated in several places from the Tendinous Coat. It is of a whitish Colour, and being transparent, the Albuginea makes it appear perfectly white; these two Coats together forming what is called the White of the Eye. The greatest part of the numerous Vessels which run upon it contain naturally only the serous part of the Blood, and consequently are not discoverable, except by Anatomical Injections, Inflammations, Obstructions, &c. With the Point of a good Knife we continue the Separation of this Membrane over the Cornea Lucida.

275. THE Lacrymal Gland is white, and of the number of those called *Glandula Lacrymalis* Conglomerate Glands. It lies under that Depression observable in the Arch *of*



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of the Orbit near the Temples, mentioned in the Description of the Skeleton N<sup>o</sup> 199. and laterally above the Globe of the Eye. It is a little flattened, and divided as it were into two Lobes, one of which lies toward the Insertion of the Musculus Rectus Superior; the other toward the Rectus Externus. It adheres very closely to the Fat which surrounds the Muscles, and posterior Convexity of the Eye, and it was formerly named Glandula Innominata.

276. FROM this Gland several small Ducts go out, which run down almost parallel to each other, through the Substance of the Tunica Interna or Conjunctiva of the superior Palpebra, and afterwards pierce it inwardly near the superior Edge of the Tarsus. These Ducts are very difficult to be found; but the best way to discover them is to let the superior Palpebra lie for a little while in cold Water, and then without wiping it, to blow on several places of the Surface of the Membrane, through a small Tube held very near, but so as not to touch it, that the Air may fill some of the Orifices of the Ducts and so discover them.

*Cilia.*

277. THE Borders of each Palpebra taken all together are formed by the Edge of the Tarsus, and by the Union of the internal Membrane, with the Skin and Epidermis. This Border is flat and of some sensible breadth from within about a Quarter of an Inch of the internal Angle all the way to the external Angle, near which the Breadth diminishes. This Breadth is owing only to the thickness of the Palpebrae, which at this place have their Edges oblique or slanting, in such a manner as when the two Palpebrae touch each other slightly, a triangular Space or Canal is formed between them and the Globe of the Eye.

278. THE flat Edge of each Palpebra is adorned with a Row of Hairs called Cilia, or the Eye-Lashes. Those belonging to the superior Palpebra are bent upward, and longer than those of the lower Palpebra which are bent downward. These Rows are placed next the Skin, and are not single, but irregularly double or triple. The Hairs are longer near the middle of the Palpebrae than toward the Extremities, and for about a Quarter of an Inch from the inner Angle, they are quite wanting.

*Glandulae Ciliares.*

279. ALONG the same Border of the Palpebrae near the internal Membrane, or toward the Eye, we see a row of small Holes which may be named Foramina, or Puncta Ciliaria. They are the Orifices of the same number of small oblong Glands which lie in the Sulci, Channels, or Grooves on the inner Surface of the Tarsus. These little Glands are of whitish Colour, and when examined through a single Microscope, they appear like Bunches of Grapes, those of each Bunch communicating together. And when they are squeezed between two Nails, a sebaceous Matter like soft Wax, is discharged through the Puncta Ciliaria.

*Puncta Lacrymalia.*

280. NEAR the great or internal Angle of the Palpebrae, the flat Portion of their Edges terminates in another which is rounder and thinner. By the Union of these two Edges an Angle is formed, which is not perfectly pointed like a true Angle, but rounded, and yet it ought not to be termed an obtuse Angle, because that expression in the Mathematical Stile means something

something different. For the same reason the name of great Angle is improper; and we had better call it the Internal or Nasal Angle.

281. At this place, the Extremity of the flat Portion is distinguished from the round Portion by a small Protuberance or Papilla, which is obliquely perforated by a small Hole in the Edge of each Palpebra. These two small Holes are very visible, and often more so in living than in dead Bodies, and they are commonly named Puncta Lacrymalia, being the Orifices of two small Ducts which open beyond the Angle of the Eye into a particular Reservoir, termed Sacculus Lacrymalis, which shall be described in the Article of the Nose.

282. These Puncta Lacrymalia are opposite to each other, and so they meet when the Eye is shut. Round the Orifice of each of these Points, we observe a whitish Circle which seems to be a Cartilaginous Appendix of the Tarsus, and which keeps the Orifice always open. These two oblique Circles are so disposed, that when the Eye is but slightly shut they touch each other only toward the Skin, and not toward the Globe of the Eye. The fine Membrane which covers these Circles, and passes thro' the Puncta into the Ducts, seems sometimes to run into Gathers when it is touched with a Stilet. This Observation was first made by the late M. Saint Yves a Parisian Oculist.

283. THE Caruncula Lacrymalis is a small reddish, granulated, oblong Body, situated precisely between the internal Angle of the Palpebræ and Globe of the Eye, but it is not fleshy as its name would insinuate. The Substance of it seems to be wholly glandular; and it appears through a single Microscope, in the same manner as the other Conglomerate Glands. We discover upon it a great number of fine Hairs covered by an oily yellowish Matter; and on the Globe of the Eye, near this glandular Body, we see a semilunar Fold formed by the Conjunctiva, the concave side of which is turned to the Uvea, and the convex side to the Nose. This Fold appears most when the Eye is turned toward the Nose.

*Caruncula  
Lacrymalis.*

### § 8. The Muscles of the Palpebræ.

284. THE Muscles of the Palpebræ are commonly reckoned to be two, one peculiar to the upper Eye-Lid, named Levator Palpebræ Superioris; the other common to both, called Musculus Orbicularis Palpebrarum, which has been subdivided in different manners, as we shall see presently.

285. THE Levator Palpebræ Superioris is a very thin Muscle situated in the Orbit above and along the Rectus Superior Oculi. It is fixed to the bottom of the Orbit, by a small narrow Tendon, near the Foramen Opticum, between the posterior Insertions of the Rectus Superior, and Obliquus Superior. From thence its fleshy Fibres run forward on the Rectus, increasing gradually in breadth, and terminate by a very broad Aponeurosis, in the Tarsus of the superior Palpebra.

*Levator Pro-  
prius.*



96  
*Orbicularis  
Palpebra-  
rum.*

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286. By the *Musculus Palpebrarum Obliquus* we understand all that extent of fleshy Fibres which by a thin Stratum surrounds the Edge of each Orbit, and from thence, without any interruption, covers the two Palpebrae all the way to the Cilia. The Fibres which run upon the Edge of the Orbit are nearly orbicular; but most of those which cover the Palpebrae are transversely oval.

287. Almost all of them have a common Tendon situated transversely between the internal Angle of the Eye, and the Nasal Apophysis of the *Os Maxillare*. This is a slender Ligamentary Tendon, strongest where it is fixed in the Bone, and diminishing gradually as it approaches the Angle of the Palpebrae, where it terminates at the Union of the Points, or at the Extremities of the two Tarsi. The fleshy Fibres are fixed to it anteriorly, so that at first sight it appears to be no more than a *Linea Alba*.

288. From thence one Portion of the Fibres is turned upward, the other, downward, and both meet again at the external Angle, being united by a particular kind of Intertexture, very difficult to be explained. When having inverted this Portion of the Muscle, we examine its posterior Surface, we observe a small thin Tendinous Rope which runs through the fleshy Fibres, and divides them all the way from the Union of the two Tarsi, to the Temporal Edge of the Orbit, where it disappears; the Fibres which lie beyond it appearing to continue the main Circuit of the Muscle.

289. I divide this Muscle into four Portions, whereof the first is that which surrounds the Orbit, and which does not appear to be interrupted toward the Temples; the upper part of it lying between the Supercilia, and the lower part of the *Musculi Frontales*. The second Portion is that which lies between the upper Edge of the Orbit and the Globe of the Eye, and which covers the inferior Edge of the Orbit below, some of its Fibres being fixed to both Edges of the Orbit. *Riolan* divided this into two semicircular Portions, one superior, the other inferior; the first lying between the *Musculus Superciliaris* and the lower part of the *Musculus Frontalis*, to both which it adheres very much.

290. THE third Portion seems to belong more particularly to the Palpebrae, and the greatest part of it is spent in the Palpebra Superior. The Fibres of this Portion meet at the two Angles of the Eye, where they appear to make very acute Inflexions without any Discontinuation; but when examined on the other side next the Globe of the Eye, they have in some Subjects appeared to me to be distinguished into superior and inferior. The greatest part of these Fibres form a transversely oval Circumference, the shortest Diameter of which is longer when the Eyes are open than when shut.

291. THE fourth Portion is an Appendix to the third, from which it differs chiefly in this, that its Fibres do not reach to the Angles, and form only small Arches, the Extremities of which terminate in each Palpebra. This Portion is really divided into two, one for the Edge of the upper

Eyelid,

Eyelid, the other for that of the lower. *Riolan* names this Portion, *Musculus Ciliaris*.

292. All these different Portions of the Orbicular Muscle adhere to the Skin, which covers it from the upper part of the Nose to the Temples, and from the Supercilium to the upper part of the Cheek. When they contract, several Wrinkles are formed in the Skin, which vary according to the different Direction of the Fibres; those under the lower Palpebra are very numerous, and run down very obliquely from before backward.

293. The Skin of the superior Palpebra is folded archwise, almost in a parallel Direction to that of the semioval Fibres, the Plicæ intersecting the Levator; whereas the other Folds only intersect the Orbicularis. The radiated and oblique Plicæ seldom appear in young Persons, except when the first and second Portions of the Orbicularis are in Action; but in aged Persons the marks thereof are visible at all times.

294. In Man, the superior Palpebra has much more Motion than the inferior. The small simple Motions called Twinkling, which frequently happen, though not equally often in all Subjects, are performed in the upper Palpebra, by the alternate Contraction of the Levator and Superior Palpebral Portion of the *Musculus Orbicularis*; and in the lower Palpebra at the same time or alternately, by the Inferior Palpebral Portion of the Orbicularis; but as there is but a small number of Fibres in this Portion, these Motions are but very inconsiderable in this Eyelid.

295. THESE slight Motions, especially those of the upper Palpebra, are not very easy to be explained according to the true Structure of the Part. The Motions which wrinkle the Palpebræ, and which are commonly performed to keep one Eye very close shut, while we look steadfastly with the other, are explicable by the simple Contraction of all the Portions of the Orbicularis. These Motions likewise depress the Supercilia, which consequently may be moved in three different manners, upwards by the *Musculi Frontales*, downward by the Orbiculares, and forward by the Superciliares. I shall take another occasion to explain the Difficulties here mentioned.

#### § 9. The Vessels of the Eye and of its Appendages.

296. THE external Carotid Artery by means of the *Arteria Maxillaris Externa*, and the Temporal and Frontal Arteries give several Ramifications to the Integuments which surround the Eye, and to all the Portions of the *Musculus Orbicularis*; and these Ramifications communicate with those which are distributed to the *Membrana Conjunctiva Palpebrarum*, and to the Caruncula.

297. THE same external Carotid, by means of the *Arteria Maxillaris Interna*, sends a considerable Branch into the Orbit through the inferior Orbitary or Spheno-Maxillary Fissure; which is distributed to the Periosteum of the Orbit, to the Muscles of the Globe of the Eye, to the Levator Palpebræ Superioris, to the Fat, Glandula Lacrymalis, *Membrana Con-*

*conjunctiva*



junction both of the Eye and Palpebrae, the Caruncula, &c. It communicates with the internal Carotid, and sends a small Artery to the Ethmoidal Cells of the Nose, through the small, intracanal, posterior orbital Hole.

298. THE internal carotid Artery having entered the Cranium, sends off small Rami which accompany the Optic Nerve, and those which pass through the Fissura Spheno-Maxillaris. One of these small arterial Branches runs into the Substance of the Optic Nerve, and produces on the Retina, the small Arteries which appear very plainly on the inner sides of that Membrane. The rest join the Ramifications of the external Carotid already mentioned, and having penetrated into the Substance of the Tunica Sclerotica on the backside, and run for a little way through that Substance, they perforate this Coat inwardly in five or six places, at an equal distance from the Optic Nerve and the Pupilla.

299. AFTERWARDS they perforate the external Lamina of the Choroides in the same number of places, and form between that and the internal Lamina, the Vasa Vorticosa of Steno, and the Vascular Stellae mentioned in the Description of this internal Lamina. Some small vascular Filaments from these Ramifications, are likewise observed to adhere very closely to the Tunica Vitrea; and before they form the Vasa Vorticosa, they send small Arteries in a direct course to the Circumference of the Uvea, where they form a vascular Circle, which sends out Capillaries as far as the Membrana Crystallina, which are very easily injected in new born Children.

300. THE Veins of all these Parts, answer nearly to the Arteries. The internal Veins unload themselves, partly into the internal Jugular Vein, by the Sinus Orbitarii, Cavernosi, and Petrofi, and partly into the external Jugular Vein by the Vena Angularis, or Maxillaris Externa, the Maxillaris Interna, Temporalis, &c.

301. BESIDES the Capillary Vessels, easily distinguishable by the red Colour of the Blood, there are great numbers of those which admit nothing but the serous and lymphatic Parts of the Blood, and consequently do not appear in the natural state. They become visible in some places by Inflammations and Injections, as on the Membrana Conjunctiva of the Eye; but these contrivances do not discover them every where in aged Persons. In a Foetus and in new born Children a fine Injection has succeeded so well as to discover the Vessels of the Membrana Crystallina and Vitrea; and in a Foetus of about six Months, the injected Liquor seemed to me to have penetrated a part of the Crystalline and Vitreous Humour.

#### § 10. The Nerves of the Eye and of its Appendages.

302. I shall in this Paragraph repeat and illustrate what has been already said in the Description of the Nerves, concerning those of the Eye. Besides the Optic Nerve already described, the Globe of the Eye receives several small ones, which run on each side along and about the Optic Nerve, from its entry into the Orbit to its Insertion in the Globe. These Filaments come chiefly

chiefly from a small Lenticular Ganglion, formed by very short Rami of the Orbital or Ophthalmic Branch of the fifth Pair, and by a Branch of the third Pair, or *Motore Oculi*.

303. THESE nervous Filaments of the Lenticular Ganglion having reached the Globe of the Eye, are divided into five or six *Falciuli*, which having surrounded the Optic Nerve, and penetrated and perforated the Cornea Opaca or Sclerotica, run at distances more or less equal, between the Sclerotica and Choroides towards the Uvea. There, each of them is divided into several short Filaments, which terminate in the Substance of the Uvea. These small Nerves which run from behind forward between the Sclerotica and the Choroides, have formerly been taken for particular Ligaments, by very great Anatomists.

304. THE Nerves which go to the other Parts belonging to the Eye, come from the third, fourth, sixth and first two Branches of the fifth Pair of Nerves of the Medulla Oblongata, and likewise from the Portio Dura of the seventh Pair. The third, fourth and sixth Pairs give Nerves to the Muscles of the Globe of the Eye. The two Branches of the fifth Pair, and the Portio Dura of the seventh, give Nerves not only to the other parts which surround the Globe, but also to the Musculi Frontales and internal Parts of the Nose.

305. THE Trunk of the third Pair or *Motore Oculi*, having entered the Orbit through the superior orbital or sphenoidal Fissure, produces four Branches. The first runs upward and divides into two, one for the *Musculus Rectus Superior*, and the other for the *Levator Palpebrae Superioris*. The Trunk continuing its course, gives off the second short Branch to the *Rectus Inferior*. The third Branch is long and goes to the *Obliquus Inferior*, contributing likewise to the formation of the Lenticular Ganglion already mentioned. The fourth Branch is large and supplies the *Rectus Internus*.

306. THE first Branch of the fifth Pair, commonly termed *Nervus Ophthalmicus*, divides into three Rami, as it enters the Orbit; and sometimes only into two, one of which is afterwards subdivided. Of these three Branches one is superior, which I term *Nervus Superciliaris*; one internal, termed *Nasalis*, and one external, to which the name of *Temporalis* agrees better than that of *Lacrymalis*, which may occasion a mistake.

307. THE Superior or Superciliary Ramus runs along the whole Periosteum of the Orbit, and having passed through the superciliary Notch or Foramen of the *Os Frontis*, is distributed to the *Musculus Frontalis*, *Superciliaris*, and superior Portion of the *Orbicularis Palpebrarum*; and it communicates with a small Branch of the Portio Dura of the seventh Pair.

308. THE Internal or Nasal Branch passes under the Ramification of the Nerve of the third Pair, and running toward the Nose, is distributed thereto, and to the neighbouring parts of the *Orbicularis*, the *Caruncula*, &c. This Branch sends off a Filament, which passing through the internal, anterior, orbital Hole, enters the Cranium, and presently returns again through one of the Ethmoidal Holes, to the internal Parts of



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of the Nose. I have sometimes observed this Nasal Ramus to communicate with the Ramus Superciliaris by a particular Arch, before it enters the Orbitary Hole.

309. THE External or Temporal Ramus, which is sometimes a Subdivision of the Superciliaris, is distributed to the Glandula Lacrymalis, and sends off a Filament which pierces the Orbitary Apophysis of the Os Malæ.

310. THE second Branch of the fifth Pair, called Nervus Maxillaris Superior, sends off a Ramus through the bony Canal of the lower part of the Orbit, which going out at the anterior inferior orbitary Hole, is distributed to the neighbouring Portion of the Musculus Orbicularis, and communicates with a Ramus of the Portio Dura. I shall here say nothing of the other Distributions of this Branch of the Maxillaris Superior.

311. THE Portio Dura of the seventh Pair or Auditory Nerve, which I call Nervus Sympatheticus Minor, gives Branches to the superior, inferior, and external lateral parts of the Orbicularis Palpebrarum, one of which communicates with the Nervus Superciliaris, and another with the Sub-Orbitarius, as I observed in the Description of the Nerves.

§ 11. *The Uses of the Eye and of its Appendages in general.*

312. EVERY Body knows that the Eye is the Organ of Vision. The transparent parts of the Globe modify the Rays of Light, by different Refractions; the Retina and Choroides receive the different Impressions of these Rays; and the Optic Nerve carries these Impressions to the Brain. When Objects are at a great distance or obscure, the Pupilla is dilated; and it is contracted when Objects are near, or placed in a great Light. The Muscles of the Globe of the Eye and of the Palpebræ perform the Motions already described.

313. THE Glandula Lacrymalis continually moistens the forepart of the Globe of the Eye; and the Lacrymal Serum is equally spread over that Globe by the Motions of the superior Palpebra, the inner Surface of which is in a small measure Villous. The Union of the two Palpebræ directs this Serum towards the Puncta Lacrymalia; and the unctuous Matter discharged through the Foramina Ciliaria hinders it from running out between the Palpebræ. The large Size and viscid Surface of the Caruncula prevents it from running beyond the Puncta, and thus forces it into them.

314. THE Supercilia may hinder Sweat from falling on the Eyes. The superior Cilia which are longer than the inferior may have the same Use, and they both serve to prevent Dust, Insects, &c. from entering the Eyes when they are only a little open.

## ART. III.

*The Nose.*

315. **T**HE Parts of which the Nose is made up, may be divided two different ways, viz. from their Situation, into internal and external Parts; and from their Structure, into hard and soft Parts. *Division.*

316. THE external Parts are the Root of the Nose, the Arch, the Back, or Spine of the Nose, the Sides of the Nose or of the Arch, the Tip of the Nose, the Alæ, the external Nares, and the Part under the Septum.

317. THE internal Parts are the internal Nares, the Septum Narium, the Circumvolutions, the Conchæ Superiores, the Conchæ Inferiores, the posterior Openings of the internal Nares, the Sinus Frontales, Sinus Maxillares, Sinus Sphenoidales, the Ductus Lacrymales, and Ductus Palatini.

318. THE firm or hard Parts are mostly bony, and the rest, Cartilaginous, viz. the Os Frontis, Os Ethmoides, Os Sphenoides, Offa Maxillaria, Offa Nasi, Offa Unguis, Offa Palati, Vomer, Conchæ Inferiores, and the Cartilages. To these we may add the Periosteum and Perichondrium, as Parts belonging to the Bones and Cartilages.

319. THE soft Parts are the Integuments, Muscles, Sacculus Lacrymalis, Membrana Pituitaria, Vessels, Nerves, and Hairs of the Nares. The bony Parts have been all explained in the Description of the Skeleton; and therefore I need only in this place set down the Distribution and Disposition thereof, for the formation of some of the principal Parts. The Septum is formed by the descending Lamina of the Os Ethmoides, and by the Vomer; and it is placed in the Groove framed by the Cristæ of the Offa Maxillaria, and rising Edges of the Offa Palati described in Sect. 1. No 279, 316. The Back of the Nose is formed by the Offa Nasi, and the Sides, by the superior Apophyses of the Offa Maxillaria.

320. THE internal Nares, or the two Cavities of the Nose, comprehend the whole Space between the external Nares and posterior Openings, immediately above the Arch of the Palate, from whence these Cavities reach upward as far as the Lamina Cribrosa of the Os Ethmoides, where they communicate forward, with the Sinus Frontales, and backward, with the Sinus Sphenoidales. Laterally, these Cavities are bounded on the inside by the Septum Narium, and on the outside or that next the Cheeks, by the Conchæ, between which they communicate with the Sinus Maxillaris.

321. THE particular Situation of these Cavities deserves our attention. The bottom of them runs directly backward, so that a straight and pretty large Stilet, may easily be passed from the external Nares, under the great Apophysis of the Occipital Bone. The Openings of the Maxillary Sinuses, are nearly opposite to the upper Edge of the Offa Malarum. The Openings of the Frontal Sinuses are more or less opposite to, and between the



the Pulleys or Rings of the Musculi Trochleares; and by these Marks, the Situation of all the other Parts may be determined.

322. THE inferior Portion of the external Nose, is composed of several Cartilages, which are commonly five in number, and of a pretty regular Figure. The rest are only additional, smaller, more irregular, and the number of them more uncertain. Of the five ordinary Cartilages one is situated in the middle, the other four laterally. The middle Cartilage is the most considerable, and supports the rest, being connected immediately to the bony Parts, but the other four are connected to the middle Cartilage, and to each other, by means of Ligaments.

323. THE principal Cartilage of the Nose consists of three Parts, one middle and two lateral. The middle Portion is a broad Cartilaginous Lamina, joined by a kind of Symphysis, to the anterior Edge of the middle Lamina of the Os Ethmoides, to the anterior Edge of the Vomer, and to the anterior part of the Groove formed by the Ossa Maxillaria, as far as the Nasal Spines of these Bones. This Lamina compleats the Septum Narium, and indeed, forms the principal part thereof.

324. THE lateral Portions are oblique and narrow, suited to the corresponding parts of the bony Arch. Where they join the middle Lamina, a superficial Groove is observable, which makes them sometimes appear like two distinct Pieces, separated from the Lamina, though they are really continuous. This shallow Groove terminates below by a small Crista.

325. THE lateral Cartilages are two, on each side of the inferior part of the Lamina, one anterior, the other posterior. The two anterior Cartilages are very much bent forward, and form what is called the Tip of the Nose; the Space between their incurvated Extremities being commonly filled with a kind of fatty Substance. The two posterior Cartilages form the Alæ of the Nares, being pretty broad and of an irregular Figure.

326. THE Spaces left between some Portions of the anterior and posterior Cartilages, those between the posterior Cartilages and the neighbouring parts of the Ossa Maxillaria; and lastly, those between these four lateral Cartilages and the principal Lamina, vary in different Subjects, and are filled by small additional Cartilages, the Number, Size and Figure of which are as variable as the Interstices in which they lie.

327. THE Sub-Septum or Portion under the Septum Narium, is a Pillar of Fat applied to the inferior Edge of the Cartilaginous Partition, in form of a soft, moveable Appendix. The thickness of the Alæ Narium, and especially that of their lower Edges, is not owing to the Cartilages which are very thin, but to the same kind of solid Fat with which these Cartilages are covered. The great Cartilage is immoveable by reason of its firm Connexion to the bony parts of the Nose; but the lateral Cartilages are moveable, because of their Ligamentary Connexions, and they are moved in different manners by the Muscles belonging to them.

328. THE external Nose is covered by the common Integuments, the Skin, Epidermis and Fat. These which cover the Tip of the Nose and Alæ

Ala Narium are a great number of glandular Bodies, called Glandulae Sebaceae by *M. Morgagni*, the Contents of which may easily be squeezed out by the Fingers. All these bony and cartilaginous Parts have likewise the common Periosteum or Perichondrium.

329. Six Muscles are commonly reckoned to belong to the Nose; two Recti, called also Pyramidales or Triangulares; two Obliqui or Laterales, and two Transversi or Myrtiformes. In very Muscular Bodies there are likewise some supernumerary Muscles or small Accessorii. The Nose may also be moved in some measure by the Muscles of the Lips, which in many Cases become Assistants to the proper Muscles of this Organ. *Muscles of the Nose.*

330. THE Musculus Pyramidalis or Anterior on each side, is inserted by one Extremity, in the Synarthrosis of the Os Frontis and Ossa Nasi, where its fleshy Fibres mix with those of the Musculi Frontales and Superciliares. It is very flat, and runs down on the side of the Nose, increasing gradually in breadth, and terminating by an Aponeurosis, which represents the Basis of a Pyramid, and is inserted in the moveable Cartilage which forms the Ala of the Nares.

331. THE oblique or lateral Muscle is a thin, fleshy Plane, lying on the side of the former, and in some Subjects, appearing to form one broad Muscle with it. This is probably the reason why the anterior Muscle has been termed Triangularis. The lateral Muscle is fixed by its upper Extremity to the Apophysis Nasalis of the Os Maxillare, below its Articulation with the Os Frontis, and sometimes a little lower than the middle of the inner Edge of the Orbit. From thence it runs toward the Ala Narium, and is inserted in the moveable Cartilage, near the Os Maxillare, being covered laterally by a Portion of the neighbouring Muscle of the upper Lip, with which, in some Subjects, it appears to be confounded.

332. THE transverse or inferior Muscle, called also Myrtiformis, is inserted by one end in the Os Maxillare, near the lower Edge of the Orbit, much about the place which answers to the Extremity of the Socket of the Dens Caninus on the same side. From thence it runs almost transversely upward, and is fixed in the lateral Cartilages of the Nose, over which, in some Subjects, it seems to run to the Alæ of the great Cartilage, and to be inserted there.

333. THE first two Pairs of these Muscles, raise and dilate the Alæ of the Nares, when they act; and at the same time, raise the upper Lip, by reason of their Connexion with the Muscles of that Part. They likewise wrinkle the Skin on the sides of the Nose.

334. THE Membrana Pituitaria is that which lines the whole internal Nares, the cellular Convolutions, the Conchæ, the sides of the Septum Narium, and by an uninterrupted Continuation, the inner Surface of the Sinus Frontales and Maxillares, and of the Ductus Lacrymales, Palatini and Sphenoidales. It is likewise continued down from the Nares to the Pharynx, Septum Palati, &c. as we shall shew hereafter. *Membrana Pituitaria.*

335. It is termed Pituitaria, because through the greatest part of its large extent, it serves to separate from the arterial Blood, a Mucilaginous Lympha,



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Lympha, called Pituita by the Ancients, which in the natural state is pretty liquid; but it is subject to very great changes, becoming sometimes glutinous or snotty, sometimes limpid, &c.; neither is it separated in equal quantities through the whole Membrane.

336. WHEN we carefully examine this Membrane, it appears to be of a different Structure in different Parts. Near the Edge of the external Nares it is very thin, appearing to be the Skin and Epidermis in a degenerated state. All the other Parts of it in general, are spongy and of different thickneses. The thickest parts are those on the Septum Narium, on the whole lower Portion of the internal Nares, and on the Conchæ; and if we make a small Hole in it, at any of these places, and then blow through a Pipe, we discover a very large cellular Substance. In the Sinuses it appears to be of a more slender Texture.

337. ON the side next the Periosteum and Perichondrium, it is plentifully stored with small Glands, the Excretory Ducts of which are very long near the Septum Narium, and their Orifices very visible; and by applying a Pipe to any of these Orifices, the Ducts may be blown up almost through their whole extent; but in order to this, the Parts must first be very well cleaned and washed in lukewarm Water.

338. In these places especially, we likewise discover a very fine villous Substance, when the Parts are examined in clear Water in the manner which I have described in another place, and which I have used in my public Courses, for above twenty Years past. *Riolan* made use of this Method in examining small Fœtuses.

*Sinus.*

339. THE Frontal, Maxillary and Sphenoidal Sinuses open into the internal Nares, but in different manners. The Frontal Sinuses open from above downward, answering to the Infundibula of the Os Ethmoides, described in the History of the Skeleton. The Sphenoidales open forwards opposite to the posterior Orifices of the Nares, and the Maxillares open a little higher, between the two Conchæ. Therefore the Sinus Frontales discharge themselves most readily when we stand or sit; and the Sphenoidales, when the Head is inclined forward.

340. THE Sinus Maxillares cannot be emptied wholly, or both at the same time in any one Situation. Their Opening, which in some Subjects is single, in others double, &c. lies exactly between the two Conchæ, about the middle of their depth; so that when the Head is held streight, or inclined forward or backward, they can only be half emptied; but when we lie on one side, the Sinus of the opposite side may be wholly emptied, the other remaining full.

341. IT is proper here to observe the whole extent of the Maxillary Sinus. Below, there is but a very thin Partition between it and the Dentes Molares, the Roots of which, do in some Subjects, perforate that Septum. Above, there is only a very thin transparent Lamina between the Orbit and the Sinus. Backward, above the Tuberosity of the Os Maxillare, the sides of the Sinus are very thin, especially at the place which lies before the Root of the Apophysis Pterygoides, through which the inferior

Maxillary

Maxillary Nerve sends down a Ramus to the Foramen Palatinum Posterius, commonly called Gustatorium. Inward, or toward the Conchæ Narium, the bony part of the Sinus is likewise very thin.

342. THE Lacrymal Sacculus is an oblong membranous Bag into which *Sacculus Lacrymalis*, already described, and from which the same Fluid passes to the lower part of the internal Nares. It is situated in a bony Groove and Canal, formed partly by the Apophysis Nasalis of the Os Maxillare and Os Unguis, partly by the same Os Maxillare and lower part of the Os Unguis, and partly by this lower Portion of the Os Unguis, and a small superior Portion of the Concha Narium Inferior. This Groove and Canal are the bony Lacrymal Duct, about which, I would advise Beginners to consult what was said in the Description of the Skeleton.

343. I have an Observation or two to add in this place concerning the Situation of this bony Duct. It runs down for a little way obliquely backward, toward the lower and lateral part of the internal Nares on each side, where its lower Extremity opens on one side of the Sinus Maxillaris under the inferior Concha, nearly at the place from which a perpendicular Line would fall in the Interstice between the second and third Dentes Molares. The upper part of this Duct is only an half Canal or Groove; the lower is a compleat Canal narrower than the former.

344. THE Sacculus Lacrymalis may be divided into a superior or orbitary Portion, and an inferior or nasal Portion. The orbitary Portion fills the whole bony Groove, being situated immediately behind the middle Tendon of the Musculus Orbicularis. About one fourth of its length is above this Tendon, and the rest below. The Nasal Portion lies in the bony Canal of the Nose, being narrower and shorter than the former.

345. THE orbitary Portion is disposed at its upper Extremity, much in the manner of an Intestinum Cæcum, and at the lower Extremity is continued with the Portio Nasalis. Towards the internal Angle of the Eye, behind the Tendon of the orbicular Muscle, it is perforated by a small short Canal formed by the Union of the Lacrymal Ducts.

346. THE Nasal Portion having reached the lower part of the bony Duct under the inferior Concha, terminates in a small flat membranous Bag, the bottom of which is perforated by a round Opening, as I have always found it upon a careful Examination, but which at first sight appears oblong.

347. I used to attribute this difference to the force which I was obliged to use in separating the Concha Inferior, in order to see this Opening, which I have often found more backward than the middle of the Bag at the Extremity of this Portion; and therefore when I would either see or shew this Opening in its natural state, I do not separate the inferior Concha, but cut it gently with a sharp Knife, or with Scissars. If a transverse Line be drawn between the lower part of the Nose and Os Malæ, and another Line be drawn directly upward, opposite to the third Dens Molaris



or opposite to the second and third, these two Lines will intersect each other nearly at the lower Extremity of this Sacculus.

348. I have sometimes found the upper Extremity of this Bag divided into an anterior and posterior part, by a kind of Valvula Connivens lying in the anterior Portion, a little lower than the Tendon of the Musculus Orbicularis. The small common Canal of the two Lacrymal Ducts opens in the posterior Portion, and consequently behind the Valve.

349. THE Substance of this Sacculus is something spongy or cellulous, and pretty thick, being strongly united by its convex side to the Periosteum of the bony Canal, which may be very distinctly shewn. This Substance seems to be made up of two Laminæ, joined together by a spongy Membrane, the outermost of which is that which I have mentioned; the other appears to be glandulous, and is in some Subjects loose and pliable, which I look upon as a Disease.

*Ductus Incisorii.*

350. THE Ductus Incisorii, or Naso-Palatini of *Steno*, are two Canals which go from the bottom of the internal Nares cross the Arch of the Palate, and open behind the first or largest Dentes Incisorii. Their two Orifices may be distinctly seen in the Skeleton at the lower part of the Nasal Fossæ, on the anterior and lateral sides of the Cristæ Maxillares; and we may likewise perceive their oblique Passage through the Maxillary Bones, and lastly their inferior Orifices in a small Cavity or Fossula, called Foramen Palatinum Anterius. In fresh Subjects they are not so apparent, especially in Human Subjects, for in Sheep and Oxen they are easily discoverable.

351. *Santorini* in his Anatomical Observations has described those of the Human Body in a very pretty manner, and has given us his method of discovering them, which is nearly the same with that which I have always made use of in my private Courses, to shew at one view all the external parts which belong to the Nose, as may be seen in the Works published by my Scholars, especially Strangers. I say his Method is nearly the same with mine, because instead of dividing the Head into two equal lateral parts, I always direct the Saw a little toward one side, to preserve the Septum Narium intire, as well as that of the Sinus Frontales, Sinus Sphenoidales, and Ductus Incisorii; and on the other side, to preserve the Conchæ and Cells of the Os Ethmoides. For this purpose I use a very fine Saw made of the Spring of a Watch.

352. BY this Method I shew on that side from which all the Septa have been sawed off, the intire Conchæ, their convex sides, the particular thickness of the Membrana Pituitaria on their lower Edges, the Orifice or Orifices of the Sinus Maxillaris, the Situation of the Orifice of the Sinus Sphenoidalis, the communicating Ducts that go between the Sinus Frontales and the Ethmoidal Cells, and Interstices between the two Conchæ, and the Structure of the posterior Openings of the Nares. I can shew likewise at the same time the Orifice of the *Eustachian* Tube behind the posterior Opening of the Nares, and the Communication of the Nose with the Mouth.

353. ON the same side, I afterwards separate gradually with a very sharp Knife, or with narrow sharp pointed Scissars, the Superior or Ethmoidal Concha, without doing any Violence to the neighbouring parts; and then I can shew on the parts covered by that Concha, a little oblong or oval Fossula which runs down obliquely from before backward; at the posterior and lower Extremity of which, there is an Orifice of about a Quarter of an Inch in Diameter, which opens into the Maxillary Sinus; and another at the anterior or superior Extremity which opens into the Frontal Sinus.

354. IMMEDIATELY behind this Fossula, there are two Openings, one into the Sinus Frontales, the other into the Ethmoidal Cellulae of the Os Frontis. I shew likewise in the posterior part of the Os Ethmoides, at least two Openings, by which the Cells of that Bone communicate with each other. All this is very different from what we see in the Skeleton, or even when these parts are deprived of their Membranes, &c. neither is the Structure always the same in fresh Subjects; for in some I have observed, a little before and above the Opening of the Maxillary Sinus, two small Grooves, which united in their passage to the Frontal Sinuses, the uppermost Groove being a little contorted.

355. IN the next place I remove the Concha Inferior or Maxillaris in the same manner and with the same precautions; and then I observe, at the distance of about a quarter of an Inch from the anterior Extremity of this Concha, a small Opening, the Diameter of which is not above the twelfth part of an Inch, and it is turned obliquely backward. It seems to be the Extremity of a Duct of the same Diameter, but when it is slit with sharp pointed Scissars, we discover a flat oval Cavity, the Diameter of which is a quarter of an Inch in length, and lies in the same Direction with the Septum Narium.

356. THIS oval Cavity is the lower Extremity of the Sacculus Lacrymalis, which consequently is only contracted between this inferior Cavity and the orbitary Portion. Within this narrow or contracted Portion we see likewise the Opening of a blind Duct, which runs obliquely backward and upward for about a quarter of an Inch; but I do not know precisely where it terminates, nor for what it is designed.

357. THE Arteries of all these Parts come from the external Carotid. *Arteries and Veins.* Those of the external parts of the Nose are chiefly Branches and Rami of the Arteria Maxillaris Externa or Angularis, and of the Temporalis; and the Arteries of the internal parts are Branches and Ramifications of the Maxillaris Interna. The Veins are almost in the same manner, Branches and Ramifications of the external Jugular, and they communicate with the orbitary Sinus, and by that means, with the Sinuses of the Dura Mater, and with the internal Jugulars.

358. THE principal Nerves belonging to the Nose are Filaments of the Nervi Olfactorii, which run down through the Holes of the transverse Lamina of the Os Ethmoides, and are distributed to the common Membrane of the internal Nares, especially to the villous Portions thereof. *Nerves.* The inner



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inner Ramus of the orbital or ophthalmic Nerve sends a Filament through the internal anterior orbital Hole into the Cranium, which comes out again in company with one of the Filaments of the Olfactory Nerve thro' the Ethmoidal Lamina.

359. THIS internal Ramus advances afterwards toward the Os Unguis, and is distributed partly to the Sacculus Lacrymalis, partly to the upper Portion of the Musculus Pyramidalis, and of the Integuments of the Nose. The Sub-orbital Nerve which is a Branch of the Maxillaris Superior, having passed through the inferior orbital Hole, sends Filaments to the lateral external parts of the Nose. Another Ramus of the superior Maxillary Nerve goes to the posterior Opening of the Nares, being spent on the Conchæ, and other internal parts of the Nose.

*Uses.*

360. THE Nose is the Organ of Smelling, by means of the villous Portion of the internal Membrane, to which the Olfactory Nerves are chiefly distributed. It is likewise of use in Respiration, and the Mucilaginous Fluid spread over the whole Pituitary Membrane, prevents the Air from drying that Membrane, and so rendering it incapable of being affected. The Nose serves likewise to regulate and modify the Voice, and to this the Sinuses likewise contribute. The Sacculus Lacrymalis receives the Serum from the Eyes, and discharges it upon the Palate from whence the greatest part of it runs to the Pharynx.

## A R T. IV.

*The Ear.*

*The Ear in general.*

361. EVERY one knows that the Ears are two in number, that they are situated in the lateral parts of the Head, and that they are the Organs of Hearing. Anatomists commonly divide or distinguish the Ear into external and internal. By the external Ear they mean all that lies without the external Orifice of the Meatus Auditorius in the Os Temporis; and by the internal Ear, all that lies within the Cavities of that Bone, and also the Parts that bear any relation thereto.

362. THE greatest part of the external Ear consists of a large Cartilage very artificially framed, which is the Basis of all the other parts of which this Portion of the Ear is made up. The internal Ear consists chiefly of several bony pieces, partly formed in the Substance of the Ossa Temporum, and especially in that Portion of it, called Apophysis Petrosa, and partly separated from, but contained in a particular Cavity of that Bone. All these bony Pieces have been explained in the Description of the Skeleton, to which I must therefore refer, desiring those who have a mind to understand what I am now to say about the other parts of this Organ, carefully to revise the Explication there given.

363. THE

363. THE external Ear taken all together resembles in some degree the *The external Ear.* Shell of a Muscle, with its broad end turned upward, the small end downward, the convex side next the Head, and the concave side outward. Two Portions are distinguished in the external Ear taken all together, one large and solid, called in Latin Pinna, which is the Superior, and by much the greatest part; the other small and soft called the Lobe, which makes the lower part. We may likewise consider two sides in the outward Ear, one turned obliquely forward and irregularly concave, the other turned obliquely backward, and unequally convex; for all Ears which have not been disordered by binding the Head too tight in Childhood, are naturally bent forward.

364. THE foreside is divided into Eminences and Cavities. The Eminences are four in number, called Helix, Anthelix, Tragus, and Antitragus. The Helix is the large folded Border or Circumference of the great Portion of the Ear. The Anthelix is the large oblong Eminence or Rising surrounded by the Helix. The Tragus is the small anterior Protuberance below the anterior Extremity of the Helix, which in an advanced Age is covered with Hairs. The Antitragus is the posterior Tubercle, below the inferior Extremity of the Anthelix.

365. THE Cavities on the foreside are four in number, the Hollow of the Helix, the Depression at the superior Extremity of the Anthelix, called Fossa Navicularis, the Concha or great double Cavity that lies under the Rising termed Anthelix, the upper bottom of which is distinguished from the lower by a Continuation of the Helix in form of a transverse Crista; and lastly, the Meatus of the external Ear situated at the lower part of the bottom of the Concha.

366. THE backside of the external Ear shews only one considerable Eminence which is a Portion of the convex side of the Concha, the other Portion being hid by the Adhesion of the Ear to the Os Temporis. This Adhesion hinders us likewise from seeing the Hollow answering to the Crista, by which the Cavity of the Concha is divided.

367. I have already said that the external Ear consists chiefly of a Cartilage, which is the Basis of all the other Parts. These other Parts are Ligaments, Muscles, Integuments, Sebaceous and Ceruminous Glands, Arteries, Veins and Nerves; but I do not reckon among them a large Gland, called by the Greeks Parotis, because it lies very near the Ear; the Description of which must be referred to that of the Salivary Glands, of which it is the most considerable.

368. THE Cartilage of the outward Ear is nearly of the same Extent and Figure with the large solid Portion thereof, already mentioned; but it is not of the same thickness, being covered by Integuments on both sides. In the Lobe or soft lower Portion of the Ear, this Cartilage is wanting. On the backside, it shews all the Eminences and Cavities on the foreside in an opposite Situation with respect to each other, except the Fold of the great Circumference; and it consists only of one piece from that Circumference all the way to the Meatus Externus, except at the two Extremities



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ties of the folded part of the Helix, where there are two small separate Portions connected to the great Cartilage only by the Integuments.

369. THE cartilaginous Portion of the external Meatus Auditorius does not make a complete Circle; but rather a short Tube, in one side of which there is a Break, and which terminates in an oblique Border fixed to the Edge of the bony Canal by several small Inequalities, as by a kind of In-graining; and from this Obliquity it is, that the cartilaginous Border terminates downward in a kind of Apex or Point. The lateral Break in this Cartilage is between the upper and backpart of its Circumference; and on each side thereof the Cartilaginous Edges are rounded. There are likewise two or three other small Incisures in this Circumference, which in regard to the Meatus, represent obliquely transverse Fissures. The anterior Fissure is in a manner Quadrangular; neither are the intermediate parts always opposite to each other, for the uppermost is a little further from the Os Temporis than the posterior.

370. THE external Ear is fixed to the Cranium, not only by the Cartilaginous Portion of the Meatus already mentioned, but also by Ligaments which are two in number, one anterior, the other posterior. The anterior Ligament is fixed by one Extremity to the Root of the Apophysis Zygomatica of the Os Temporis, at the anterior and a little toward the superior part of the Meatus Osseus, close to the Corner of the Glenoid Cavity; and by the other Extremity, to the anterior and superior part of the Cartilaginous Meatus.

371. THE posterior Ligament is fixed by one end to the Root of the Mastoide Apophysis, and by the other, to the posterior part of the Convexity of the Concha, so that it is opposite to the anterior Ligament. There is likewise a kind of superior Ligament, which seems to be only a Continuation of the Aponeurosis of the Frontal and Occipital Muscles.

372. OF the Muscles of the external Ear, some go between the Cartilages and the Os Temporis, others are confined to the Cartilages alone. Both kinds vary in different Subjects, and are sometimes so very thin, as to look more like Ligaments than Muscles. The Muscles of the first kind are generally three in number, one Superior, one Posterior, and one Anterior, and they are all very thin. The superior Muscle is fixed in the Convexity of the Fossa Navicularis, and of the superior Portion of the Concha; from whence it runs up to the squamous Portion of the Os Temporis, expanding in a radiated manner, though not in the same degrees in all Subjects, and is inserted principally in the Ligamentary Aponeurosis, which covers the posterior Portion of the Temporal Muscle.

373. THE anterior Muscle is small, more or less inverted, and like an Appendix to the superior. It is fixed by one Extremity above the Root of the Zygomatic Apophysis, and by the other, in the anterior part of the Convexity of the Concha.

374. THE posterior Muscle is almost transverse, and of a considerable breadth, being fixed by one end to the posterior part of the Convexity of the Concha, and by the other, in the Root of the Mastoide Apophysis.

It

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It covers the posterior Ligament, but the division of it into several Portions mentioned by some Authors, seems to be merely artificial, that is, owing to Dissection.

375. THE small Muscles which are confined to the Cartilages are only small Strata of Fibres found on both sides of the Cartilages. In many Subjects they are of so pale a Colour, as not to look at all like Muscular Fibres. Of this number are those which *Valsalva* discovered in the different Cavities on the backside of the Cartilage, and those found by *Santorini* on the Tragus, and along the convex part of the anterior Portion of the Helix.

376. THE Skin of the external Ear is in general, a Continuation of that which covers the neighbouring parts of the Temporal Region. The Skin on the foreside of the Ear is accompanied by a very small quantity of cellular Substance, and therefore we find all the Eminences and Cavities of that side distinctly mark'd upon it, as far as the bottom of the external Meatus Auditorius. In what I have said of the Skin the Epidermis is likewise comprehended.

377. THE backside is covered by the Skin continued from the foreside; but as the Folds are there very close, it only passes over them, except that Portion of the Concha which surrounds the Entry of the Meatus Auditorius, and which is joined to the Os Temporis by means of the cellular Substance. The Hollow of that common Fold which lies between the Anthelix and Concha does not appear on the backside, for as it is filled with cellular Substance, the Skin passes over it.

378. THE Lobe of the Ear, or that soft Portion which lies under the Tragus, Antitragus, and Meatus Auditorius, is made up of nothing but Skin and cellular Substance. The Meatus Auditorius is partly Bony and partly Cartilaginous. The bony Portion is the longest, and forms the bottom of the Canal, as may be seen in the Description of the Skeleton. The cartilaginous Portion is the shortest, and in Adults, forms the external Opening or Orifice of the Canal, as has been already said.

379. THESE two Portions joined endwise to each other, form a Canal of about three Quarters of an Inch in length, of different Wideness in its different Parts, and a little contorted. It is lined on the inside by the Skin and cellular Membrane, through its whole length; and thus these Integuments make up for the Breaks in the Cartilaginous Portion, and form a kind of Cutaneous Tube in the other Portion. The cellular Membrane is confounded with the Perichondrium and Periosteum of the Meatus.

380. THE Skin which covers both sides of the Cartilage contains a great number of small Glands, which continually discharge an oily whitish Humour collected chiefly near the Adhesions of the Ear to the Head, and under the Fold of the Helix; and these Glands are of the sebaceous kind. The Skin which lines the Meatus Auditorius contains another kind of Glands, of a yellowish Colour, and which may be plainly seen on the convex side of the cutaneous Tube already mentioned.

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\* P

381. THESE



381. THESE Glands are disposed in such a manner as to leave reticular Spaces between them, and they penetrate a little way into the Substance of the Skin. They are called Glandulae Ceruminosae, because they discharge that Matter which is named Cerumen, or the Wax of the Ear. The inner Surface of the cutaneous Tube is full of fine Hairs, between which lie the Orifices of the Ceruminous Glands. The first place in which we meet with these Glands is on that part of the convex side of the Cutaneous Tube, which supplies the Breaks of the Cartilaginous Meatus.

382. THE Arteries of the external Ear come anteriorly from the Arteria Temporalis, and posteriorly from the Occipitalis, which is a Branch of the external Carotid. It is proper to observe here that the Occipital Artery communicates with the Vertebralis, and thereby with the internal Carotid. The Veins are Rami of the Jugularis Externa; and the Occipital Vein, one of these Rami, communicates not only with the Vena Vertebralis, but with the neighbouring lateral Sinus of the Dura Mater.

383. THE Portio Dura of the Auditory Nerve having passed out of the Cranium through the Foramen Stylo-Mastoidæum in the manner that shall be afterwards described, gives off a Ramus which runs up behind the Ear, to the backside of which it sends several Filaments; and the Trunk of this Ramus sends likewise Filaments to the Meatus and foreside of the Ear. The second vertebral Pair sends also a Ramus to the Ear, the Ramifications of which communicate with those of the other Ramus from the Portio Dura.

*The internal  
Ear.*

384. I must here begin by repeating the Advice which I gave above, to read over and retain what has been said about the bony part of the Organ of Hearing in the Description of the Skeleton from N<sup>o</sup> 260 to 267. and from N<sup>o</sup> 392 to 444. It would be too long to repeat all these particulars in this place, but it is absolutely necessary to have a compleat Idea of all the bony Parts, if we would understand the Description of the other parts of the Ear, to which I am now to proceed.

385. THESE Parts are chiefly the Membrana Tympani, the Periosteum of the Barrel, Officula Auditus, Labyrinth, and of all its Cavities, the Membrana Mastoidæa Interna, the Muscles of the Officula, the parts which compleat the formation of the *Eustachian* Tube, the Arteries, Veins and Nerves. I find my self however, under a necessity of beginning by the Tuba *Eustachiana* for two Reasons: First, because the bony parts of that Tube are but of very small use for the Knowledge of its whole Structure and Composition; and Secondly, because we are obliged to mention it in describing the Muscles.

386. I spoke of the *Eustachian* Tube in the Description of the Skeleton, by the name of Ductus Auris Palatinus; and I took notice that in *France* it goes generally by the name of the Aqueduct, which, however, must not be confounded with the Aqueductus *Falloppii*. In N<sup>o</sup> 402 of Sect. 1. I observed, that it is a Canal or Duct which goes from the Tympanum to the posterior Openings of the Nares, or Nasal Fossæ, and toward the Arch of the Palate; that it is dug in the Apophysis Petrosa, along the carotid.

carotid Canal, and that it is lengthened out by the Spinal Apophysis of the Os Sphenoidale.

387. In its natural state, this Duct reaches from the Cavity of the Barrel, to the Root or superior part of the internal Ala of the Apophysis Pterygoidea; and through this whole course it is made up of two Portions, one intirely Bony, and the other partly Bony, partly Cartilaginous, and partly Membranous. That Beginners may not here be misled, it is very necessary to remember the Advice which I gave in the Description of the Skeleton N<sup>o</sup> 186, &c. that in examining the lower parts of the Basis Cranii, the Skull ought to be raised up, and viewed from below upwards, &c.

388. THE bony Portion lies through its whole length immediately above the Fissure of the Glenoide or Articular Cavity of the Os Temporis, and terminates at the meeting of the Spinal Apophysis of the Os Sphenoidale, with the Apophysis Petrofa of the Os Temporis, that is, between that Spinal Apophysis, and the inferior Orifice of the carotid Canal.

389. THE other or mixed Portion reaches in the same Direction from this place, to the internal Ala of the Apophysis Pterygoidea, or to the posterior and outer Edge of the Nares. But to form a more exact Idea of it, it will be proper to consider it as divided into four Parts, two Superior and two Inferior.

390. THE two upper Parts, or Quarters are bony, and of these, the innermost is formed by the side of the Apophysis Petrofa, the outermost, by the side of the Apophysis Spinalis of the Os Sphenoides, so that the upper half of this Portion of the Tube is bony. Of the two inferior Parts, the internal is Cartilaginous, and the external Membranous, so that the lower half of this Portion of the Tube is partly Cartilaginous next the Os Sphenoidale, and partly Membranous next the Apophysis Petrofa.

391. THE *Eustachian* Tube thus formed, is very narrow in the bony part next the Ear. The other Portion grows gradually wider, especially near the posterior Nares, where the inner Cartilaginous Side terminates by a prominent Edge, and the outer Side joins that of the neighbouring Nostril. The Cavity of the Tube is lined by a Membrane like that of the internal Nares, of which it appears to be a Continuation; and on the prominent Edge, this Membrane is considerably increased in thickness, representing a kind of half Pad.

392. THE Situation of the two Tubes is oblique, their posterior Extremities at the Ears being at a greater distance than the anterior at the Nares, and the convex sides of the prominent Edges are turned toward each other. The Openings of the Tubes are oval at this place, as is likewise their whole Cavity, especially that of the mixed Portion.

393. THE Membrana Tympani is a thin, transparent, flattish Pellicle, the Edge of which is round, and strongly fixed in the Orbicular Groove which divides the bony Meatus of the external Ear from the Tympanum or Barrel. This Membrane is very much stretched or very tense, and yet not perfectly flat; for on the side next the Meatus Externus it has a small Hol-



lowness which is pointed in the middle, and on the side next the Tympanum it is gently convex, and also pointed in the middle.

394. THIS Membrane is situated obliquely, the upper part of its Circumference being turned outward, and the lower part inward, suitably to the Direction of the bony Groove already mentioned. It is made up of several very fine Laminæ, closely united together. The external Lamina is in some measure a Production of the Skin and Cuticula of the external Meatus; for they may be pulled at the same time like the Finger of a Glove. The internal Lamina is a Continuation of the Periosteum of the Tympanum, and when the Membrane has been first macerated in Water, each of these Laminæ may be subdivided into several others, which I have sometimes made to amount in all, to six. In very young Children this Membrane is covered on the outside by a thick mucilaginous Web.

395. THE Depression in the middle of the Membrana Tympani is caused by the Adhesion of the little Bone called Malleus, the Handle of which is closely joined to the inside of the Membrane from the upper part of the Circumference all the way to the Center to which the end of the Handle is fixed. This Handle seems to lie in a very fine membranous Duplicature, by means of which it is tied to the Membrana Tympani, and which serves it for a Periosteum.

396. THE Periosteum of the Tympanum or Barrel of the Ear produces that of the small Bones, and it may be made visible by means of Anatomical Injections, which discover capillary Vessels very distinctly ramified on the Surface of the Ossicula, as has been shewn in my Private Courses. It is likewise continued over the two Fenestræ, and enters the *Eustachian Tube*, where it is lost in the inner Membrane of that Duct.

397. THE Cellulæ Mastoidæ are very irregular Cavities in the Substance of the Mastoide Apophysis, which communicate with each other, and have a common Opening towards the inside, and a little above the posterior Edge of the Orbicular Groove. These Cells are lined by a fine Membrane, which is partly a Continuation of the Periosteum of the Tympanum, and partly seems to be of a Glandular Structure like a kind of the Membrana Pituitaria. The Mastoide Opening is opposite to the small Opening of the *Eustachian Tube*, but a little higher.

398. THE Ligaments of the Ossicula come next in order, to understand which, I suppose the Reader acquainted with what I said concerning these small Bones in the Description of the Skeleton N<sup>o</sup> 407, &c. The Incus is tied by a strong short Ligament fixed in the Point of the short Leg, to the Edge of the Mastoide Opening. Between the Incus and Malleus we find a small thin Cartilage. The Malleus is connected through the whole length of its Handle to the inside of the Membrana Tympani, in the manner already said. I need only add here, that by help of a Microscope we discover round the Point of the Handle, in the Substance of the Membrane, a small Orbicular Plane of a whitish Colour, a little inclined to Red.

399. THE

399. THE Malleus has three Muscles, one external, one anterior, and one internal; and the Stapes has one Muscle. The external or superior Muscle of the Malleus, attributed to *Casserius*, and mentioned by *Fabricius ab Aquapendente*, is a thin Fasciculus of fleshy Fibres lying along the upper part of the bony Meatus Auditorius, between the Periosteum and the other Integuments. The outer part of it is pretty broad, and it contracts by degrees as it advances towards the upper Part or Break of the Orbicular Groove of the Tympanum, into which it enters by a small Tendon, above the Membrana Tympani, and is inserted in the Neck of the Malleus, near the small Eminence or short Apophysis of the Handle. This Muscle is sometimes so pale as hardly to be distinguished.

400. THE anterior Muscle of the Malleus, called by *M. Duvernay* the External, is fleshy, long and thin. It runs along the outside of the *Eustachian* Tube, to which it adheres very closely thro' its whole length. Its anterior Extremity is fixed in that side of the Tube just before the Sphenoidal Spine; and the posterior Extremity ends in a long thin Tendon, which runs in the Articular or Glenoid Fissure of the Os Temporis, through a small oblique Notch in which Fissure, it enters the Tympanum, and is inserted in the long thin Apophysis of the Malleus. It is partly accompanied by a Nerve, which forms what is called the Chorda Tympani, as we shall see hereafter.

401. THE internal Muscle of the Malleus is very fleshy and distinct. It lies along the inside of the *Eustachian* Tube, partly on the Cartilaginous, and partly on the Bony Portion, being fixed by one Extremity in the Apophysis Petrosa. Afterwards it runs along the Cavity of the bony half Canal of the Tympanum, within which Cavity it is invested by a Portion of a Membranous or Ligamentary Vagina, which being fixed to the Edges of the half Canal, forms an intire Tube therewith, and this Vagina must be cut open before we can see the Muscle.

402. AT the Extremity of this bony half Canal, where we observe the Cavity shaped like the Mouth of a Spoon, mentioned in the Description of the Skeleton No 399. this Muscle ends in a Tendon, which is bent round the transverse bony or ligamentary Ridge in the last named Cavity, as over a Pulley, and is inserted in the Neck of the Malleus above the small Apophysis, advancing likewise as far as the Handle. The Extremities of the anterior and internal Muscles sometimes meet, and there they cover the mixed Portion of the *Eustachian* Tube.

403. THE Muscle of the Stapes is short and thick, and lies concealed within the small bony Pyramid at the bottom of the Tympanum. The Cavity which it fills, touches very nearly the bony Canal of the Portio Dura of the Auditory Nerve; and it terminates in a small Tendon which goes out of the Cavity through the small Hole in the Apex of the Pyramid. As it goes through the Hole it turns forward, and is inserted in the Neck of the Stapes on the side of the longest and most crooked Leg of that Bone.



404. THE three parts of the Labyrinth, that is, the Vestibulum, semicircular Canals, and Cochlea, are lined by a fine Periosteum, which is continued over all the sides of their Cavities, and shuts the two Fenestrae of the Tympanum.

405. IN all the Subjects which I ever examined, I have found the semicircular Canals simply lined by a Periosteum adhering to their inner Surfaces, without any particular membranous Bands. The two half Canals of the Cochlea are lined in this manner: The Periosteum of the two sides of the bony Spiral Lamina, advances beyond the Edge of that Lamina, and forms a membranous Duplicature, which extending to the opposite side compleats the Spiral Septum.

406. THIS Septum separates the two half Canals from the Basis to the Apex, but there it leaves a small Opening, by which the small Extremities of the half Canals communicate with each other. The large Extremity of the external half Canal ends by an oblique Turn, in the Fenestra Rotunda, which is shut by a Continuation of the Periosteum of that Canal. The large Extremity of the other half Canal opens into the Vestibulum; and these two Extremities are intirely separated by a Continuation of the Periosteum.

407. ALL the Periosteum of the internal Ear, especially that of the Ossicula and Tympanum, is in Children no more than a Mucilage; and in them likewise the Membrana Tympani is thick, opaque, and covered with a whitish slimy Matter.

408. THROUGH the whole extent of the Periosteum of the internal Ear, especially on that of the Ossicula, semicircular Canals, and half Canals of the Cochlea, we discover a vast number of Blood-Vessels, not only by Anatomical Injections, but in Inflammations, and even without the help of a Microscope; for I have often shewn them to the naked Eye in the semicircular Canals and half Canals of the Cochlea. The Arteries come partly from the internal Carotid, and partly from the Arteria Basilaris, which is a Continuation of the Vertebralis, the small capillary Ramifications of which may be observed to accompany the Auditory Nerve through the internal Foramen Auditorium.

409. THE Portio Mollis of the Auditory Nerve ends by its Trunk, at the great Fossula of the internal Auditory Hole, from whence the Filaments pass through several small Holes in the Basis of the Cochlea, partly to the Periosteum of the semicircular Canals, and partly to the internal Periosteum of the half Canals of the Cochlea.

410. THE Portio Dura, which I name Nervus Sympatheticus Minor, runs first of all into the small Fossula of the Foramen Auditorium Internum, then passes through the whole bony Duct, called Aqueductus Falloppii, and comes out again through the Stylo-Mastoide Hole of the Os Temporis. In this course it communicates with the Dura Mater on the upper or anterior side of the Apophysis Petrosa, at the place where the bony Duct is interrupted, as was mentioned in the Description of the Skeleton

Nº 264, 443.

411. HAVING reached behind the small Pyramid in the bottom of the Tympanum, this Nerve sends a small Filament to the Muscle of the Stapes; and a little before it goes out by the Stylo-Mastoide Hole, it gives off another more considerable Filament, which enters the Tympanum from behind forward, passes between the long Leg of the Incus and Handle of the Malleus, and afterwards runs cross the whole breadth of the Tympanum a little obliquely, and goes out at the same place at which the Tendon of the anterior Muscle of the Malleus enters.

412. THIS small Nerve is generally called Chorda Tympani, because in its passage through the Tympanum it has been compared to the Cord of a Drum. Having left the Cavity of the internal Ear, it advances toward one side of the Basis of the Tongue, where having joined the small Nervus Lingualis, it is considered as a kind of Recurrent; but the remaining part of its course must be referred to the Description of the Tongue.

413. THE Portio Dura of the Auditory Nerve having passed through the Foramen Stylo-Mastoidæum, is distributed in the manner already mentioned in the Description of the Nerves; and we ought very carefully to observe its different communications with the Branches and Rami of the Nerves of the fifth Pair, with the Sympatheticus Medius or eighth Pair, with the second Pair of cervical Nerves, and with the Nervi Sub-Occipitales, or tenth Pair of the Medulla Oblongata, &c.

414. THE Ear is the Organ of which we can most distinctly unfold the Structure, and demonstrate the greatest number of Parts, that is, of small Machines of which it is made up. We know likewise in general that it is the Organ of Hearing; but when we endeavour to discover the Uses of each of these Parts, that is, how each contributes to the great design of the whole, after having thoroughly examined them, we must be obliged to own that the greatest part of what the most able Philosophers have said upon this Subject, is without any real foundation.

415. IT is certain that the Cavity of the external Ear collects Sounds or Noise, and concentrates it towards the bottom of the Concha, all the way to the external Meatus Auditorius. This we learn from Experience, by enlarging this Cavity with the Hand. It may likewise be affirmed with certainty, that in proportion as the Membrana Tympani is more or less stretched, Sounds become more or less sensible. This Experience teaches us; for when this Membrane is wetted by any Liquor, our Hearing is imperfect, but is restored again when the Membrane is dry. By the Muscles of the Ossicula, we can demonstrate that this Membrane is capable of being stretched and relaxed, as occasion requires; but the prosecution of this curious Subject must be referred to another Treatise.



THE HUMAN BODY.  
THE ANATOMY OF

ART. V.

The Mouth.

*Introduction.* 416. **T**HE word Mouth may have two significations: for first, it means the transverse Slit between the Nose and Chin, formed by the Lips, and secondly, it expresses the internal Cavity, of which this transverse Slit is the external Opening. For this reason the Mouth may be distinguished into external and internal, and the Parts of which it consists may likewise come under the same two general Heads. The bony Parts are the *Ossa Maxillaria*, *Ossa Palati*, *Maxilla Inferior*, and the Teeth: To these we may add the *Os Hyoides*, and the upper Vertebrae of the Neck.

417. THE external Parts of the Mouth are the two Lips, one upper, the other, under, the Borders or red parts of the Lips, the Corners or Commissures of the Lips, the Fossula of the upper Lip, the Basis of the under Lip, the Chin, the Basis of the Chin, the Skin, Beard, and even the Cheeks, as being the lateral parts of the Mouth in general, and of the Lips in particular.

418. THE internal parts of the Mouth are the Gums, Palate, *Septum Palati*, *Uvula*, *Amygdalæ*, the Tongue, the Membrane which lines the whole Cavity of the Mouth, the Salival Ducts and Glands, and the bottom of the Mouth. We might likewise reckon among the internal parts of the Mouth, all the Muscles that have any relation to it, as those of the Lips, of the Tongue, of the *Uvula*, of the *Septum Palati*, &c. and to these might be added the Muscles of the Lower Jaw, and of the *Os Hyoides*, which have been already described.

419. In the Compendious View of the Parts of the Human Body, I made a general Enumeration of all those that belong to the Neck, of which there is a very considerable number, but the greatest part of them has been already described among the Bones, Muscles, Arteries, Veins and Nerves; and of those that remain, very few belong to the Description of the Thorax.

420. THE Parts of the Neck still undescribed are only the Larynx, Pharynx, *Glandulæ Thyroideæ*, and the *Musculus Cutaneus*, which really belongs to the Head; and therefore instead of making a particular Section for so small a number of Parts, I chose to bring them in, under the Description of the Head, especially since the Larynx and Pharynx have so near a relation to the internal parts of the Mouth, that I find myself under a necessity of describing them, before I proceed to the Mouth in particular.

## § 1. The Larynx.

421. THE Larynx forms the Prominence in the upper and anterior part of the Neck, called commonly *Pomum Adami*. Anatomists term it the Head of the Trachea Arteria, which I explained particularly in the Description of the Thorax No 127, &c. and it is larger and more prominent in Men than in Women.

422. It is chiefly made up of five Cartilages, the names of which are these: Cartilago Thyroides, which is the anterior and largest; Cricoides, the inferior, and Basis of the rest; two Arytenoides, the posterior and smallest; and the Epiglottis, which is above all the rest. These Cartilages are connected together by Ligaments, and they have likewise Muscles, Glands, Membranes, &c. belonging to them.

423. THE Cartilago Thyroides is large and broad, and folded in such a manner as to have a longitudinal Convexity on the fore-side, and two lateral Portions which may be termed Ala. The upper part of its anterior middle Portion is formed into an angular Notch; the upper Edge of each Ala makes an Arch, and together with the middle Notch, these two Edges resemble the upper part of an Ace of Hearts in playing Cards.

*Cartilago  
Thyroides.*

424. THE lower Edge of each Ala is more even, and the posterior Edges of both are very smooth, being lengthened out both above and below by Apophyses, which I name the Cornua of the Thyroide Cartilage. The superior Apophyses are longer than the inferior, and the Extremities of all the four are rounded like small Heads, which in the inferior Apophyses, have a shining Surface on the inside, resembling an articular Eminence.

425. ON the outside of each Ala near the Edge, is a prominent oblique Line which runs from behind forward. The upper Extremity of this Line is near the superior Apophysis or Cornu, and both that and the lower Extremity end in a small Tuberosity, the lowest being often the most considerable. These Tuberosities serve for the Insertion of Muscles and Ligaments. The inside of the Ala and the convex side of the anterior Portion are very uniform; and this Cartilage ossifies gradually in old Age.

426. THE Cricoid Cartilage resembles a kind of thick, irregular Ring, very broad on one side and narrow on the other; or it may be compared to a small Portion of a thick Tube, cut horizontally at one end, and very obliquely at the other. I distinguish it into a Basis and Top, into an anterior, posterior, and two lateral sides. The Basis is almost horizontal, when we stand, and to this the Aspera Arteria is connected, so that the Cricoides may be looked upon as the upper Extremity of the Trachea.

*Cartilago  
Cricoides.*

427. THE posterior Portion of the Cricoides is larger than the rest, and its posterior or convex side is divided by a longitudinal Eminence, or prominent Line into two distinct Surfaces, for the Insertion of Muscles. The Top is gently sloped above this prominent Line, and terminates on each side by a kind of obtuse Angle, formed between it and the oblique Edge



of each lateral Portion of this Cartilage. At the upper part of each of these Angles, there is a very smooth articular Surface, gently convex. The whole posterior side is distinguished into two lateral Portions by two prominent Lines, each of which runs down almost in a straight Direction from the articular Surface at the Top, a little below the middle of this side, where it terminates in another articular Line a little concave; and near these four articular Surfaces there are small Tubercles. The two superior Surfaces are for the Articulation of the Cartilaginee Arytenoidæ, as we shall see presently; and the two inferior, for the Articulation of the inferior Cornua or Appendices of the Cartilago Thyroides.

*Cartilagi-  
nes Aryte-  
noides.*

429. The Cartilaginee Arytenoidæ are two small, equal, similar Cartilages, which joined together, resemble the Spout of an Ewer, and they are situated on the Top of the Cricoides. In each, we may consider the Basis, Cornu, two sides, one posterior and concave, the other anterior and convex, and two Edges, one internal, the other external, which is very oblique. The Bases are broad and thick, and have each a concave articular Surface, by which they are joined to the Cricoides.

*Epiglottis.*

430. The Cornua are bent backward, and a little toward each other. In some Subjects they are very loose, appearing like true Appendices, and easily separable from the rest, as I demonstrated in my private Courses about eight Years ago. Between their inner Edges they form a kind of Fissure, and their outer oblique Edges terminate each by a thick prominent Angle.

*Ligaments of  
the Larynx.*

431. The Epiglottis is an Elastic Cartilage, nearly of the Figure of a Purflane Leaf, narrow and thick at the lower part, thin and slightly rounded at the upper part, gently convex on the fore side, and concave on the back side. It is situated above the anterior or convex Portion of the Cartilago Thyroides; and its lower Extremity is tied by a short, pretty broad and very strong Ligament to the middle Notch in the upper Edge of that Cartilage. It is perforated by a great number of Holes, something like those in the Leaves of the Hypericum or St. John's-Wort, which are hid by the Membranes that cover its two sides.

432. The Cartilago Thyroides is connected to the Cricoides by several short strong Ligaments, round the Articulations of the two inferior Cornua with the lateral articular Surfaces of the Cricoides. The Apices of the superior Cornua are fixed to the posterior Extremities of the great Cornua of the Os Hyoides, by slender round Ligaments, about a Quarter of an Inch in length.

433. In the middle of each of these Ligaments, we often meet with a small Cartilage of an oval Figure, and much thicker than the Ligaments. The Thyroides is likewise connected to the Os Hyoides by a short broad strong Ligament, one end of which is inserted in the superior Notch of the Cartilage, and the other in the lower Edge of the Basis of the Bone. It has also two Ligaments at the middle of the concave side which belong to the Arytenoidæ.

434. THE Cricoides is tied to the lower part of the Thyroides by a strong Ligament; and by the Ligaments already mentioned, to the inferior Cornua of that Cartilage. Its Basis is fixed to the first Cartilaginous Ring of the Trachea Arteria, by a Ligament exactly like those by which the other Rings are connected together; and the membranous or posterior Portion of the Trachea is likewise fixed to the posterior part of the Basis of the Cricoides.

435. THE Cartilaginee Arytenoidæ are connected to the Cricoides by Glottis. Ligaments, which surround their Articulations with the Top of that Cartilage. Anteriorly the Basis of each Arytenoides is fixed to one end of a Ligamentary Cord, which by its other end is inserted about the middle of the concave side of the anterior Portion of the Thyroides. At their Insertions in the Thyroides, these two Ligaments touch each other, but a small Space is left between them, where they are fixed in the two Arytenoides; and they seem likewise to have a small Adhesion to the Top of the Cricoides. This is what is called the Glottis.

436. UNDER these two Ligamentary Cords there are two others which run likewise from behind forward. The Interstice between the superior and inferior Cords on each side form a transverse Fissure, which is the Opening of a small membranous Bag, the bottom of which is turned outward, that is, toward the Ala of the Thyroides. These two Sacculi are the Ventricles mentioned by the Ancients, and restored by *M. Morgagni*, who has given an excellent Description of them. They are chiefly formed by a Continuation of the internal Membrane of the Larynx, and the inner Surface of their bottom appears sometimes to be Glandulous.

437. ON the anterior Surface of the Arytenoide Cartilages, there is a small Depression between the Basis and the convex upper part. This Depression is filled by a Glandulous Body, which not only covers the anterior Surface of each Arytenoides, but is likewise extended forward from the Basis over the posterior Extremity of the neighbouring Ligamentary Cord. They are larger and more sensible in some Subjects than in others; and they are covered by the Membrane which lines the neighbouring Parts. These Glands were discovered by *M. Morgagni*.

438. I have already described the Ligaments which connect the Epiglottis to the Notch of the Thyroides, and to the Basis of the Os Hyoides. These two Ligaments, and a third which ties the Basis of the Os Hyoides to the Notch of the Thyroides, form a triangular Space filled with a cellular or fatty Substance, and with small Glands.

439. THE Epiglottis has likewise two lateral Ligaments, by which it is connected to the Arytenoides, all the way to their Points or Cornua. It has also a membranous Ligament, which running along the middle of its anterior or concave side, ties it to the Root or Basis of the Tongue. This Ligament is only a Duplicature of the Membrane which covers the Epiglottis, continued to the neighbouring Parts. Lastly, there are two lateral membranous Ligaments belonging to it, fixed near the Glandulous Bodies called Amygdalæ.



of each lateral Portion of this Cartilage. At the upper part of each of these Angles, there is a very smooth articular Surface, gently convex. The whole posterior side is distinguished into two lateral Portions by two prominent Lines, each of which runs down almost in a straight Direction from the articular Surface at the Top, a little below the middle of this side, where it terminates in another articular Line a little concave; and near these four articular Surfaces there are small Tubercles. The two superior Surfaces are for the Articulation of the Cartilaginei Arytenoides, as we shall see presently; and the two inferior, for the Articulation of the inferior Cornua or Appendices of the Cartilago Thyroides.

*Cartilagi-  
nei Aryte-  
noides.*

429. The Cartilaginei Arytenoides are two small, equal, similar Cartilages, which joined together, resemble the Spout of an Ewer, and they are situated on the Top of the Cricoides. In each, we may consider the Basis, Cornu, two sides, one posterior and concave, the other anterior and convex, and two Edges, one internal, the other external, which is very oblique. The Bases are broad and thick, and have each a concave articular Surface, by which they are joined to the Cricoides.

430. The Cornua are bent backward, and a little toward each other. In some Subjects they are very loose, appearing like true Appendices, and easily separable from the rest, as I demonstrated in my private Courses about eight Years ago. Between their inner Edges they form a kind of Fissure, and their outer oblique Edges terminate each by a thick prominent Angle.

*Epiglottis.*

431. The Epiglottis is an Elastic Cartilage, nearly of the Figure of a Purslane Leaf, narrow and thick at the lower part, thin and slightly rounded at the upper part, gently convex on the fore side, and concave on the back side. It is situated above the anterior or convex Portion of the Cartilago Thyroides; and its lower Extremity is tied by a short, pretty broad and very strong Ligament to the middle Notch in the upper Edge of that Cartilage. It is perforated by a great number of Holes, something like those in the Leaves of the Hypericum or St. John's-Wort, which are hid by the Membranes that cover its two sides.

*Ligaments of  
the Larynx.*

432. The Cartilago Thyroides is connected to the Cricoides by several short strong Ligaments, round the Articulations of the two inferior Cornua with the lateral articular Surfaces of the Cricoides. The Apices of the superior Cornua are fixed to the posterior Extremities of the great Cornua of the Os Hyoides, by slender round Ligaments, about a Quarter of an Inch in length.

433. In the middle of each of these Ligaments, we often meet with a small Cartilage of an oval Figure, and much thicker than the Ligaments. The Thyroides is likewise connected to the Os Hyoides by a short broad strong Ligament, one end of which is inserted in the superior Notch of the Cartilage, and the other in the lower Edge of the Basis of the Bone. It has also two Ligaments at the middle of the concave side which belong to the Arytenoides.

434. THE Cricoides is tied to the lower part of the Thyroides by a strong Ligament; and by the Ligaments already mentioned, to the inferior Cornua of that Cartilage. Its Basis is fixed to the first Cartilaginous Ring of the Trachea Arteria, by a Ligament exactly like those by which the other Rings are connected together; and the membranous or posterior Portion of the Trachea is likewise fixed to the posterior part of the Basis of the Cricoides.

435. THE Cartilaginee Arytenoidae are connected to the Cricoides by Ligaments, which surround their Articulations with the Top of that Cartilage. Anteriorly the Basis of each Arytenoides is fixed to one end of a Ligamentary Cord, which by its other end is inserted about the middle of the concave side of the anterior Portion of the Thyroides. At their Insertions in the Thyroides, these two Ligaments touch each other, but a small Space is left between them, where they are fixed in the two Arytenoides; and they seem likewise to have a small Adhesion to the Top of the Cricoides. This is what is called the Glottis.

436. UNDER these two Ligamentary Cords there are two others which run likewise from behind forward. The Interstice between the superior and inferior Cords on each side form a transverse Fissure, which is the Opening of a small membranous Bag, the bottom of which is turned outward, that is, toward the Ala of the Thyroides. These two Sacculi are the Ventricles mentioned by the Ancients, and restored by *M. Morgagni*, who has given an excellent Description of them. They are chiefly formed by a Continuation of the internal Membrane of the Larynx, and the inner Surface of their bottom appears sometimes to be Glandulous.

437. ON the anterior Surface of the Arytenoide Cartilages, there is a small Depression between the Basis and the convex upper part. This Depression is filled by a Glandulous Body, which not only covers the anterior Surface of each Arytenoides, but is likewise extended forward from the Basis over the posterior Extremity of the neighbouring Ligamentary Cord. They are larger and more sensible in some Subjects than in others; and they are covered by the Membrane which lines the neighbouring Parts. These Glands were discovered by *M. Morgagni*.

438. I have already described the Ligaments which connect the Epiglottis to the Notch of the Thyroides, and to the Basis of the Os Hyoides. These two Ligaments, and a third which ties the Basis of the Os Hyoides to the Notch of the Thyroides, form a triangular Space filled with a cellular or fatty Substance, and with small Glands.

439. THE Epiglottis has likewise two lateral Ligaments, by which it is connected to the Arytenoides, all the way to their Points or Cornua. It has also a membranous Ligament, which running along the middle of its anterior or concave side, ties it to the Root or Basis of the Tongue. This Ligament is only a Duplicature of the Membrane which covers the Epiglottis, continued to the neighbouring Parts. Lastly, there are two lateral membranous Ligaments belonging to it, fixed near the Glandulous Bodies called Amygdalæ.



*Muscles of  
the Larynx.*

440. The Epiglottis is not only perforated by the regular Vessels already mentioned, but has likewise a great number of small Irregular Sinuses and Branches, which are to many different Lacunae situated between the Membranes, and filled with Igneous Glands, the Excretory Offices of which are chiefly on the backside of this Cartilage.

441. The Larynx gives insertion to a great number of Muscles, which may be divided into common, proper and collateral. The common Muscles, according to the general Acceptation of that Term, are all those that move the whole Body of the Larynx, one Extremity of them being inserted in other Parts; and these are reckoned to be four in number, two for each side, viz.

**Sterno-Thyroidæi,**  
**Thyro-Hyoidæi, or Hyo-Thyroidæi.**

442. The proper Muscles are those inserted wholly in the Larynx, and which move the Cartilages separately. These have been divided in various manners, but may be all reduced to the following Pairs.

**Crico-Thyro-Hyoidæi.**

**Crico-Arytenoidæi Laterales.**

**Crico-Arytenoidæi Posteriores.**

**Thyro-Arytenoidæi.**

**Arytenoidæi.**

**Thyro-Epiglotticæ.**

**Aryteno-Epiglotticæ.**

**Hyo-Epiglotticæ.**

443. By the collateral Muscles, I understand those which are inserted by one Portion in the Larynx, without appearing to contribute any thing to the Motions of it. Of this kind are the Thyro-Pharyngæi, Crico-Pharyngæi, &c. of which hereafter.

444. The Larynx may likewise be moved by Muscles, which are not immediately inserted in it, but altogether in other Parts. Such are the Mylo-Hyoidæi, Genio-Hyoidæi, Stylo-Hyoidæi, Omo-Hyoidæi, Sterno-Hyoidæi, and especially the Digastrici of the lower Jaw, by reason of their particular Adhesion to the Os Hyoides. It is likewise probable that those Muscles of the Pharynx which are inserted in the Basis Cranii, may in certain circumstances, move the Larynx in some small degree.

*Sterno-Thyroidæi.*

445. The Sterno-Thyroidæi are two long, flat, narrow, thin Muscles, like Ribbons, broader above than below, and situated along that part of the Neck which lies between the Thyroide Cartilage and the Sternum. They are covered by the Sterno-Hyoidæi, and they cover the Thyroide Glands, passing immediately before them.

446. Each Muscle is fixed by its lower Extremity, partly in the superior Portion of the inner or backside of the Sternum, partly in the Ligament

greatest and neighbouring Portion of the Clavicula, and partly in the Cartilaginous Portion of the first Rib. Sometimes it runs a great way down on the first Bone of the Sternum, and crosses the Muscle on the other side. From thence it runs up on the Alpera Arteria, close by its Fellow, passes before the Thyroide Glands, over the Cricoid Cartilage, and is inserted by its upper Extremity, in the lower part of the lateral side of the Thyroide Cartilage, and partly along that whole side. I have found this Muscle double, one distinct Portion of it being inserted in the Basis, and the other laterally.

447. The Thyro-Hyoidæi, or Hyo-Thyroidæi are two flat, thin Muscles, lying close by each other, between and above the former. Each of them is inserted by its upper Extremity, partly in the Basis, and partly in the neighbouring part of the great Cornu of the Os Hyoides; and by its lower Extremity, in the lower part of the lateral side of the Thyroide Cartilage, immediately above the superior Extremity of the Sterno-Thyroidæus; and both the superior Extremity of the last named Muscle, and the lower Extremity of the Thyro-Hyoidæus are, at their place of Union, confounded a little with the Thyro-Pharyngæus Inferior, of which hereafter.

448. The Crico-Thyroidæi are two small Muscles, situated obliquely at the lower part of the Thyroide Cartilage. They are inserted by their lower Extremities in the anterior Portion of the Cricoid Cartilage, near each other, and by their superior Extremities, laterally in the lower Edge of the Thyroide Cartilage at a distance from each other. By this oblique Situation, they represent a Roman V.

449. Each of these small Muscles is in a manner double, its upper Extremity inserted in the Thyroide Cartilage, being in some Subjects very broad and divided into two Portions, one anterior, the other more lateral and more oblique. They may likewise be easily separated into two distinct Muscles, whereof one may be called Crico-Thyroidæus Anterior sive Internus; the other Lateralis sive Externus.

450. The two Musculi Crico-Arytenoidæi Posteriores are situated posteriorly at the large or back Portion of the Cricoides, filling almost the two longitudinal Surfaces of that Portion, and distinguished by the prominent Line between these two Surfaces, already mentioned. Each of them runs up obliquely, and is inserted by its upper Extremity, in the posterior part of the Basis of the Arytenoide Cartilage of the same side, near the Angle of that Basis.

451. The two Crico-Arytenoidæi Laterales are small, and situated more laterally than the former. Each Muscle is fixed by one end to the side of the broad part of the Cricoides, and by the other, to the lower part of the side of the neighbouring Arytenoides.

452. The two Thyro-Arytenoidæi are very broad, each Muscle being situated laterally between the Thyroides and Cricoides. It is fixed by a broad Insertion in the inside of the Ala of the Thyroide Cartilage; and the Fibres contracting from thence, run from before backward, and from below



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below upward, towards the neighbouring Arytenoide Cartilage, in which they are inserted, from the Glottis to the Angle of the Basis. In some Subjects, these Muscles cover almost both sides of the Glottis. 453. THE Arytenoidæi are small Muscles lying on the posterior concave sides of the Arytenoide Cartilages. Dr. James Douglas in the first Edition of his Treatise of the Muscles, divided them into two kinds, one of which he called Arytenoidæi Majores, the other Arytenoidæi Minores; and it must be owned that there is some variety in different Subjects. I shall here confine my self to what I have most frequently and most distinctly observed, and that is, that there are two crucial Arytenoidæi and one transverse.

*Arytenoidæi.*

454. THE crucial Muscles run each obliquely from the Basis of one Arytenoide Cartilage, to the middle and upper part of the other, the left Muscle covering the right, as is observed by M. Morgagni in his first Adversaria.

455. I look upon these Muscles as Superior Crico-Arytenoidæi, because I have always found them partly inserted in the upper neighbouring Portion of the Cricoides. The Arytenoidæus Transversalis is inserted more or less directly by both Extremities, in the two Arytenoide Cartilages; and this I look upon as the true Musculus Arytenoidæus.

*Thyro-Epiglottici.*

456. THE two Thyro-Epiglottici cross the Thyro-Arytenoidæi, being inserted in the inner lateral part of the Thyroides, and laterally in the Epiglottis.

*Aryteno-Epiglottici.*

457. THE Aryteno-Epiglottici are small fleshy Fasciculi, each of which is fixed by one Extremity in the Head of one of the Arytenoide Cartilages, and by the other in the nearest Edge of the Epiglottis.

*Hyo-Epiglottici.*

458. I never had an opportunity of examining the Hyo-Epiglottici in very muscular Subjects, and therefore I am not sure that the Fibres which go from the convex side of the Basis of the Os Hyoides, to the convex side of the Epiglottis, are really fleshy.

*Uses.*

459. THE Larynx serves particularly to admit and let out the Matter of Respiration; and the Solidity of the Pieces of which it is composed hinders not only external Objects, but also any hard thing which we swallow, from disordering this Passage. The Glottis being a narrow Slit, modifies the Air which we breathe, and as it is very easily dilated and contracted, it forms the different Tones of the Voice, chiefly by means of the different Muscles inserted in the Cartilagine Arytenoidææ, to which the other Muscles of the Larynx, both Proper and Common, are Assistants.

460. THE whole Larynx is likewise of use in Deglutition, as has been already observed, by means of its Connexion with the Os Hyoides, to which the Digastric Muscles of the Lower Jaw adhere; which Muscles raise the Larynx together with the Os Hyoides every time we swallow. I have already said something on this Subject in the Description of the Muscles N<sup>o</sup> 1130, 1131, 1132. and shall further explain it after the Description of the Pharynx and Tongue.

461. THE

461. THE Facility of varying and changing the Tone of the Voice, depends on the Flexibility of the Cartilages of the Larynx, and decreases in proportion as we advance in Age; because these Cartilages gradually harden and ossify, though not equally soon in all Persons; and this change happens not only to the Cartilago Thyroides, but also to the Cricoides and Arytenoides.

462. THE Musculi Sterno-Thyroidæi serve in general to pull down the Thyroide Cartilage, and the whole Larynx along with it. They may likewise assist the Sterno-Hyoidæi in its Actions explained Sect. 3. N<sup>o</sup>. 149. and compress the Thyroide Gland, of which hereafter. The Thyro-Hyoidæi may, as occasion requires, either draw up the Larynx toward the Os Hyoides, or draw that Bone downward toward the Cartilago Thyroides.

463. It is difficult to determine the use of the Crico-Thyroidæi from their Situation. They may either pull the Cricoides obliquely backward, or the Thyroides obliquely forward; and by this Action the inferior Cornua of the Thyroides, and small articular Surfaces of the Cricoides, must slide upon each other.

464. BOTH the lateral and posterior Crico-Arytenoidæi, may separate the Arytenoide Cartilages, and thereby open or dilate the Glottis, but they do not both perform this Action in the same manner. The lateral Muscles separate these Cartilages obliquely forward, and at the same time loosen or relax the sides of the Glottis; but the posterior Muscles separate them obliquely backward, and at the same time stretch or extend the sides of the Glottis; and when both Muscles act equally, they separate the Cartilages directly.

465. THE Thyro-Arytenoidæi acting together, draw both the Arytenoide Cartilages forward, and consequently loosen the Glottis, and render it capable of the smallest Quaverings of the Voice. They may likewise probably compress the lateral Sinuses or Ventricles of the Larynx, and also the Arytenoide Glands.

466. THE Arytenoidæi bring the Arytenoide Cartilages close together, and press them against each other; and when the Cartilages are in this Situation, they may at the same time be inclined either forward by the Thyro-Arytenoidæi, or backward by the Crico-Arytenoidæi Posteriores. By this means the Glottis, when shut, may be either relaxed or tense, and in this last case, it is intirely shut, as when we hold in our Breath in straining; but of this more in another place.

467. THE general use of the Epiglottis is to cover the Glottis like a Penthouse, and thereby hinder any thing from falling into it when we eat or drink; and for this purpose it is depressed in the manner that shall be shewn hereafter. It serves likewise to hinder the Air which we inspire, from rushing directly upon the Glottis, but by splitting it, as it were, obliges it to enter by the sides, or in an oblique course. The Muscles of the Epiglottis do not appear to be absolutely necessary for that Cartilage; for in Deglutition, it may be sufficiently depressed by the Basis of



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of the Tongue; and it may raise itself again by its own Elasticity. The Thyro-Epiglottici and Aryteno-Epiglottici may serve to shut any lateral Openings that might remain when the Epiglottis is depressed by the Basis of the Tongue; and the Hyo-Epiglottici may pull it a little forward in strong Respirations, as in Sighing, Yawning, &c.

§ 2. *The Pharynx.*

468. THE Pharynx is a muscular and glandular Bag, the outer Surface of which is closely joined to the inner Surface of all that Space which is at the bottom of the Mouth, behind the posterior Nares, Uvula, and Larynx, and which reaches from the great or anterior Apophysis of the Os Occipitis all the way to the Œsophagus, which is the Continuation of the Pharynx. This Space is bounded posteriorly by the Muscles which cover the Bodies of the first Vertebrae of the Neck, and laterally by the superior Portions of both the internal Jugular Veins, and of both the internal Carotid Arteries, by the Spinal Apophyses of the Os Sphenoides, by the Extremities of the Apophyses Petrosæ, by the Os Sphenoides, immediately above the internal Alæ of the Apophyses Pterygoides, and by the neighbouring Portion of both Pterygoide Muscles.

469. FROM these Limits and Adhesions of the Pharynx we may pretty nearly determine its Figure. It may be compared to the wide part of a covered Funnel of which the Œsophagus is the narrow Part or Tube; or it may be called the broad end of the Œsophagus, that and the Pharynx taken together, being compared to a Trumpet. The Pharynx may be divided into three Parts, one Superior, which is the Arch of the Pharynx, one Middle, which is the Body or great Cavity, and one Inferior, which is the Bottom, narrow Portion, or Sphincter. We are likewise to observe in it three Openings, that of the Arch, toward the Nares, that of the Body, toward the Mouth, and that of the Bottom toward the Œsophagus.

470. THE Arch is the broadest part of the Pharynx, and ends on each side in an Angle or Point, toward the Jugular Fossulae of the Basis Cranii. Afterwards the great Cavity contracts a little toward the sides, all its other Dimensions continuing the same; and behind the Larynx it is again enlarged on each side, a very small Space being left between it and the Cricoide Cartilage. The Extremity of the lower Portion is very narrow, and joins the Basis of the Cartilage just named.

471. THE Pharynx is made up partly of several distinct fleshy Portions, which are looked upon as so many different Muscles so disposed as to form a large Cavity, and partly of a Membrane which lines the inner Surface of this whole Cavity, and is a Continuation of that of the Nares and Palate.

472. THIS Membrane is wholly Glandular, and it is thicker on the superior and middle Portions of the Pharynx, than on the Bottom or lower Portion. Immediately above the first Vertebra, it forms several Longitudinal

dinal Rugæ very thick, deep and short, and we generally find therein, a collection of Mucus in dead Bodies. In the great Cavity there are no Rugæ, the Membrane adhering both there and in the upper part, very closely to the Muscles. At the lower part where it is thinnest, it covers likewise the posterior part of the Larynx, and is very loose, and formed into irregular Folds. It runs in a little on each side between the Edges of the Pharynx.

473. THOUGH almost all the muscular or fleshy Portions of which the Pharynx is composed, concur in the formation of one continued Bag or Receptacle, they are nevertheless very distinguishable from each other, not only by their different Insertions, from which they have been denominated, but also by the different Directions of their Fibres. The greatest part of them may be looked upon as Digastric Muscles, the middle Tendons of which lie backward in one longitudinal Line, which in some Subjects appears plainly like a Linea Alba.

474. THESE Muscles may be reduced to three general Classes, with regard to their Insertions. The first Class is of those which are inserted in the Basis Cranii, viz.

Cephalo-Pharyngæi.

Petro-Pharyngæi.

Spheno-Pharyngæi, five Spheno-Salpingo-Pharyngæi.

Pterygo-Pharyngæi.

Stylo-Pharyngæi.

THE second Class comprehends those which are inserted toward the Mouth, viz.

Perystaphilo-Pharyngæi.

Glosso-Pharyngæi.

Hypero-Pharyngæi.

Genio-Pharyngæi.

THE third Class includes those inserted in the lateral parts of the Larynx, viz.

Syndesmo-Pharyngæi.

Thyro-Pharyngæi.

Crico-Pharyngæi.

Cesophagæus.

Adeno-Pharyngæus.

475. THE Cephalo-Pharyngæi are inserted in the lower side of the Apophysis Basilaris, or great Apophysis of the Os Occipitis, about the middle of the posterior part. From thence they separate laterally, and



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sometimes join the Stylo-Pharyngæi. The Linea Alba of the Pharynx begins by the middle Adhesion of these Muscles.

476. THE Petro-Pharyngæi are inserted in the lower part of the Extremity of the Apophysis Petrosa; the Spheno-Pharyngæi, partly in the Os Sphenoides, directly above the internal Ala of the Apophysis Pterygoides, and partly in the neighbouring cartilaginous Portion of the *Eustachian* Tube; and the Pterygo-Pharyngæi, in the Edge of the same Ala of the Apophysis Pterygoides. These three Muscles on each side run obliquely backward, covering each other by some Fibres, and meet at the Linea Alba. Their use may be to draw the middle Portion or great Cavity of the Pharynx, upward.

477. THE Stylo-Pharyngæi are inserted interiorly by one Extremity in the Apophysis, or Epiphysis Styloides. From thence each Muscle runs down obliquely along the lateral part of the Pharynx, covering and crossing the other Muscles. It extends gradually in breadth as it descends, and forms two principal Portions, one Superior which is narrow, and one Inferior which is broad. The narrow Portion is spread among the muscular Fibres above the Thyroide Cartilage, and the broad Portion is inserted in the side of that Cartilage; and thus the Stylo-Pharyngæus is partly a true Stylo-Thyroidæus. These Muscles may draw the Pharynx laterally upward, especially by their Thyroide Portions; but the Use commonly assigned to them of dilating the Pharynx, seems conformable neither to their Situation, nor to their Direction.

478. THE Peristaphylo-Pharyngæi are two small Muscles inserted between the Uvula and lower Extremity of the internal Ala of the Apophysis Pterygoides, and run obliquely backward on the sides of the Pharynx. It is difficult to find them in very lean or young Subjects, and they seem to be the same which *M. Santorini* calls Hypero-Pharyngæi, or Palato-Pharyngæi. The Glosso-Pharyngæi are Fibres which run along the lateral Edges of the Tongue, from which they are parted backward, and run down on the sides of the Pharynx under the Stylo-Pharyngæi.

479. THE Hyo-Pharyngæi in general are those on each side which are inserted in the Os Hyoides; and they may be reckoned three Pairs, the Basio-Pharyngæi, Kerato-Pharyngæi Minores, and Kerato-Pharyngæi Majores; these Denominations being taken from their Insertions in the Basis, and in the small and great Cornua of the Os Hyoides.

480. I have never been able to see distinctly the Mylo-Pharyngæi of Dr. *James Douglas*; all that I have hitherto found is a muscular Portion really distinct from the Genio-Glossus, inserted in the side of the Pharynx, and for that reason I call it Genio-Pharyngæus, as being joined to the Genio-Glossus all the way to the Chin.

481. THE Syndesmo-Pharyngæi of Dr. *Douglas* are Fasciculi of muscular Fibres very distinctly inserted by one end along the Ligaments by which the superior Cornua of the Cartilago Thyroides are connected to the Extremities of the great Cornua of the Os Hyoides. From thence they run backward and meet at the Linea Alba. To be able to see them distinct from

from the other Muscles, the Pharynx must be filled with Cotton to give it a proper Convexity, and to support its Sides, which otherwise collapse, and sink inward, and thus prevent our seeing the Direction and Distinction of several of the Muscles belonging to it.

482. THE Thyro-Pharyngæi are very broad, and each Muscle is inserted along the outside of the Ala of the Cartilago Thyroides, between the Edge of that Cartilage and the oblique Line in which the Thyro-Hyoidæi are fixed; and they are a little confounded with the Crico-Hyoidæi. From thence they run up obliquely backward, and meeting under the Linea Alba, they sometimes appear to be but one Muscle without any middle Tendon. Sometimes they have appeared to me to be distinguished into Superior and Inferior, because their upper Portion ran upward and backward, and their lower Portion more transversely.

483. THE Crico-Pharyngæi are inserted each in the lower part of the side of the Cricoidæ Cartilage. They seem to be Appendices of the Thyro-Pharyngæi, shewing no other marks of Distinction but these Insertions, and a small difference in Direction, because as they run backward they descend a little. For this reason I have sometimes looked upon these two Muscles to be one, and have called it Thyro-Crico-Pharyngæus.

484. THE lowest of these muscular Fibres make a compleat Circle backward, between the two sides of the Basis of the Cartilago Cricoides. This Circle is the beginning of the Œsophagus, and has been thought by some, to form a distinct Muscle, called Œsophagæus. I have found another Fasciculus of Fibres detached from the Thyro-Pharyngæus, and inserted laterally in the Thyroide Gland, for which reason I call it Musculus Thyro-Adenoidæus.

485. THE particular uses of all these Muscles are very difficult to be determined. It is certain that those of the middle and lower Portions of the Pharynx serve chiefly for Deglutition. Those of the upper Portion, and some of those of the middle Portion may, among other Functions, be useful in modifying the Voice, according to the opinion of *M. Santorini*.

### § 3. The Palate, Uvula, &c.

486. THE Palate is that Arch or Cavity of the Mouth, surrounded anteriorly by the Alveolar Edge and Teeth of the upper Jaw, and reaching from thence to the great Opening of the Pharynx. This Arch is partly solid and immoveable, and partly soft and moveable. The solid Portion is that which is bounded by the Teeth, being formed by the two Ossa Maxillaria, and two Ossa Palati. The soft Portion lies behind the other, and runs backward like a Veil fixed to the Edge of the Ossa Palati, being formed partly by the common Membrane of the whole Arch, and partly by several muscular Fasciculi, &c.

487. THE Membrane that covers all this Cavity is like that which lines the superior and middle Portions of the Pharynx. It is very thick set



with small Glands, the Orifices of which are not so sensible as in the Pharynx, and especially in the Rugæ of the superior Portion thereof, where *M. Heister* observed a considerable Orifice, and a Canal proportioned to that Orifice which he could easily inflate with Air. This is certainly the best way of beginning these kinds of Inquiries, especially if the Pipe be held at first only very near the part, without endeavouring to force it in. To immerge the Parts in clear Water in the manner already mentioned, is likewise a very good way to discover small Orifices, by the help of a Microscope. Small Ducts of the same kind with what I have now mentioned, may be supposed to lie along the middle Line or Raphe of the Arch of the Palate, and along the Alveolar Edge, because of some small Tubercles or Points which appear there.

488. THIS Membrane, together with that of the posterior Nares, forms by an uninterrupted continuation, the anterior and posterior Surface of the soft Portion, or Septum Palati; so that the muscular Fasciculi of this Portion lie in the Duplication of a Glandulous Membrane. The Muscles composed of these Fasciculi shall be presently described.

489. THE Septum which may likewise be termed Velum, or Valvula Palati, terminates below by a loose floating Edge, representing an Arch situated transversely above the Basis or Root of the Tongue. The highest Portion or Top of this Arch sustains a small, soft, and irregularly conical glandulous Body, fixed by its Basis to the Arch, and its Apex hanging down without adhering to any thing, which is called Uvula.

490. ON each side of the Uvula there are two muscular half Arches, called Columnæ Septi Palati. They are all joined to the Uvula by their upper Extremities, and disposed in such a manner, as that the lower Extremities of the two which lie on the same side, are at a little distance from each other, and so as that one half Arch is anterior, the other posterior, an oblong triangular Space being left between them, the Apex of which is turned toward the Basis of the Uvula.

491. THE two half Arches on one side, by joining the like half Arches on the other side, form the intire Arch of the Edge of the Septum. The posterior half Arches run by their upper Extremities, more directly toward the Uvula than the anterior. The anterior half Arches have a continuation with the sides of the Basis of the Tongue, and the posterior, with the sides of the Pharynx. At the lower part of the Space left between the lateral half Arches on the same side, two Glands are situated termed Amygdalæ, which shall be described hereafter, together with the glandular Structure of the Uvula, among the other Glands of the Mouth.

492. THE half Arches are chiefly made up of several flat fleshy Portions, almost in the same manner with the Body of the Septum. The Membrane which covers them is thinner than the other parts of it towards the Palate, Pharynx and Tongue. Each Portion is a distinct Muscle, the greatest part of which terminate by one Extremity in the Substance of the Septum and of the half Arches, and by the other Extremity in parts different from these.

493. As

493. As Anatomists used formerly to ascribe all these Muscles, as far as they knew them, to the Uvula, without any regard to the Septum, they termed them in general either Ptery-Staphylini, or Peri-Staphylini. The last part of these two compound Words expresses the Uvula; the first part of the first Word is an abridgment of Pterygoides, and expresses the Insertion of these Muscles, but the first part of the second Word signifies no more than round, or about, &c.

494. I should be very glad to make use of the term Peri-Staphylinus as a general denomination for the Muscles belonging to the Septum, and then to add the other terms, of which these names have been made up by modern Writers. But lest I should be thought to affect a Language different from the common, I shall retain the ordinary names, only desiring the Reader to take notice that by the term Staphylini I do not mean precisely the Uvula, but only the parts round it. If we could be allowed to frame names of Greek and Latin words compounded together, we might for example, say Glosso-Palatinus, instead of Glosso-Staphylinus. I shall call the Muscles that go to the Uvula, simply Staphylini, or Epistaphylini, because that part resembles a small Bunch of Grapes, according to the Signification of the Greek word. From what has been said, I name these Muscles in the following manner.

Glosso-Staphylini.

Pharyngo-Staphylini.

Thyro-Staphylini.

Pterygo-Staphylini.

Spheno-Salpingo-Staphylini, called commonly Peri-Staphylini Externi.

Pterygo-Staphylini Superiores.

Pterygo-Staphylini Inferiores.

Pterygo-Salpingo-Staphylini, called commonly Ptery-Staphylini Interni.

Staphylini five Epistaphylini.

495. THE Glosso-Staphylini are two small Muscles, fixed each in the lower and lateral part of the Basis of the Tongue; from whence they run up obliquely backward, along the anterior half Arches of the Septum Palati, and terminate insensibly on each side near the Uvula, some of their Fibres being spread through the Septum. The thickness of the anterior half Arches is chiefly owing to these two Muscles.

496. THE Pharyngo-Staphylini are likewise two small Muscles, each of them being fixed by one Extremity to the lateral part of the Musculi Thyro-Pharyngæi, as if they were Portions detached from these Muscles. From thence they run up obliquely forward along the two posterior half Arches of the Septum, and terminate in the Septum above the Uvula, where they meet together, and seem to form an intire Arch by the Union of their Fibres. The thickness of the two posterior half Arches is owing to these Muscles.

497. THE



497. THE Thyro-Staphylini are two small Muscles, which accompany the Pharyngo-Staphylini very closely, through their whole course, except that their posterior Extremities are fixed in the Thyroide Cartilages near the other Muscles. They likewise contribute to the thickness of the posterior half Arches, and are inserted in the Septum in the same manner with the former. These two Pairs of Muscles may be made one Pair, and may be called Thyro-Pharyngo-Staphylini.

498. THE Spheno-Salpingo-Staphylini are each fixed by one Extremity, partly to the Sphenoidal side of the bony Portion of the *Eustachian* Tube, partly to the nearest soft Portion of the same Tube. From thence it runs toward the external Ala of the Apophysis Pterygoides, into which one Portion of this Muscle is inserted. The other Portion runs to the end of the Ala, and turns round to the forked Extremity thereof as over a Pulley, and is afterwards inserted in the Septum Palati near the Uvula.

499. I look upon these two Portions as two distinct Muscles, one of which ending in the Ala, seems only to serve for the Dilatation of the Tuba *Eustachiana*. The other Portion is a true Spheno-Staphylinus, and as it has likewise an Insertion in the Tube, it may be termed Spheno-Salpingo-Staphylinus, or Staphylinus Externus. This is the Muscle commonly called Peri-Staphylinus Externus.

500. THE Pterygo-Staphylinus Superior is only the external Portion of the Muscle last described; and this name may likewise be given it, because it has a small Insertion in the upper part of the Apophysis Pterygoides, besides that in the Sphenoidal part of the bony Portion of the Tube. The Pterygo-Staphylinus Inferior on each side, is a small Muscle inserted by one Extremity in the Uncus Pterygoidæus, and by the other in the Septum near the Uvula. This Observation we owe to *M. Heister*.

501. THE Petro-Salpingo-Staphylini, or Salpingo-Staphylini Interni are those which are commonly called Peri-Staphylini Interni. Each Muscle is fixed by one Extremity, partly to the inner side of the bony Portion of the *Eustachian* Tube, or that next the Apophysis Petrofa, partly along the Cartilaginous Portion of the same Tube. From thence it passes a little way under the soft membranous part, and toward what I called the half Pad of the Tube, and then turning toward the Septum, is fixed in the Edge, and partly in the upper side thereof.

502. THE Staphylini, or Epistaphylini are two small fleshy Ropes, closely united together, as if they made but one Muscle, but in some Subjects they are distinguished by a very fine white Line. They are fixed by one Extremity in the common point of the posterior Edges of the Ossa Palati, and from thence run downward and backward along the middle of the Septum, and likewise along the middle of almost the whole Uvula. These Muscles have been termed Azygos *Morgagnii* from the Discoverer, but he considered them as one Muscle. The Pterygo-Staphylini Inferiores are of the same kind, and might be termed Staphylini, or Epistaphylini Laterales, and these last, Medii.

503. THE Septum Palati serves to conduct the Lacrymal Lympha, and that which is continually collected on the Arch of the Palate, into the Pharynx. It serves for a Valve to hinder what we swallow, and especially what we drink, from returning by the Nares. The uses of the different Muscles of the Septum are not as yet sufficiently known, nor the different Motions of which it is capable, as may be observed by looking for some time into an healthy Person's Mouth opened wide. I shall endeavour to explain these things at greater length in another place.

#### § 4. *The Tongue.*

504. EVERY one knows that the Tongue is a soft fleshy Body, which fills all that part of the Cavity of the Mouth that is surrounded by the Alveolar Border and Teeth of the lower Jaw, and extends still further back. All this Space is therefore in a manner the Mould and Measure of the length and breadth of the Tongue, as well as of its Thickness and Figure.

505. THE Tongue is divided into the Basis and Point; the upper and under sides; and the lateral Portions or Edges. The Basis is the posterior and thickest part; the Point, the anterior and thinnest part. The upper side is not quite flat, but a little convex, and divided into two lateral Halves, by a shallow depressed Line, called *Linea Linguae Mediana*. The Edges are thinner than the other parts, and a little rounded as well as the Point. The lower side reaches only from the middle of the length of the Tongue to the Point.

506. THE Tongue is principally composed of very soft fleshy Fibres, intermixed with a particular medullary Substance, and disposed in various manners. Many of these Fibres are confined to the Tongue without going any farther, the rest form separate Muscles which go out from it in different ways, and are inserted in other parts. All the upper side of the Tongue is covered by a thick Membrane of a Papillary Texture, upon which lies another very fine Membrane like a kind of Epidermis, which is likewise continued over the lower side, but without Papillæ.

507. THREE sorts of Papillæ may be distinguished in the upper side of the Tongue; *Capitatae*, *Semi-Lenticulares* and *Villosæ*. Those of the first kind are the largest, resembling little Mushrooms with short Stems, or Buttons without a Neck. They lie on the Basis of the Tongue in small superficial Fossulae.

508. THEY resemble small conglomerate Glands seated on a very narrow Basis, and each of them has sometimes a small Depression in the middle of their upper or convex side. They occupy the whole Surface of the Basis of the Tongue, and they are situated near each other in such a manner as that the most Anterior form an Angle. They are Glandular Papillæ or small salival or mucilaginous Glands, of the same kind with those that are to be described hereafter.



509. WE oftentimes observe about the middle of this part of the Tongue a particular Hole of different Depths, the inner Surface of which is intirely Glandular, and filled with small Papillæ, like those of the first kind. It is called Foramen Cæcum *Morgagnii*, as being first described by that Author. Since that time *M. Vaterus* has discovered a kind of Salival Ducts belonging to it; and *M. Heister* found two of these Ducts very distinctly, the Orifices of which were in the bottom of the Foramen Cæcum near each other. He observed the Ducts to run backward, divaricating a little from each other, and that one of them terminated in a small oblong Vesicle situated on the side of the small Cornu of the Os Hyoides.

510. THE Papillæ of the second kind or Semilenticulares, are small orbicular Eminences, only a little convex, their circular Edge not being separate from the Surface of the Tongue. When we examine them in a sound Tongue with a good Microscope, we find their convex sides full of small Holes or Pores, like the End of a Thimble.

511. THEY lie chiefly in the middle and anterior Portions of the Tongue, and are sometimes most visible on the Edges, where they appear to be very smooth and polished even to the naked Eye, and sometimes in living Subjects. They soon loose their consistence after Death, so that by rubbing them several times, they may be drawn out in form of small soft Pyramids inclined to one side.

512. THE Papillæ of the third kind or Villosæ are the smallest and most numerous. They fill the whole Surface of the upper side of the Tongue, and even the Interstices between the other Papillæ. They would be more properly named Papillæ Conicæ than Villosæ, from the Figure which they appear to have when examined through a Microscope in clear Water. They are naturally softish, but they become extremely flaccid after Death; so that by handling them they may be made short and thick, whereas they are naturally long and small.

513. THE fleshy Fibres of which the Tongue is composed, and which go no further than the Tongue, may be termed Musculi Linguae Interiores, or the Intrinsic Muscles, and they are the same which *Spigelius* named Musculi Linguales. The Fibres these Muscles consist of, are of three general kinds, Longitudinal, Transverse, and Vertical; and each of these Situations admits of different degrees of Obliquity. The longitudinal Fibres point to the Basis and Apex of the Tongue, and seem partly to be Expansions of the Musculi Stylo-Glossi, Hyo-Glossi, and Genio-Glossi, of which hereafter. The vertical Fibres seem likewise to be in part produced by the same Genio-Glossi, and the transverse, by the Mylo-Glossi.

514. BESIDES these mixed Productions, there is a distinct Plane of longitudinal Fibres, which run near the Surface of the upper side of the Tongue, and a distinct transverse Plane under them. All these Fibres are partly interwoven, one Portion of them terminating at the two Edges of the Tongue, and the other at the Basis and Point, without going to any other part; and they lie immediately above those that belong to the Genio-Glossi. To discover all these different Fibres, and their different degrees

of Direction, we need only cut the Tongue longitudinally, after it has been boiled, or long macerated in strong Vinegar.

515. THE Extrinsic Muscles, or Musculi Exteriores, are those which by one Extremity make a part of the Body of the Tongue, and are fixed by the other in some part without the Tongue. Of these we commonly reckon four Pairs:

Mylo-Glossi.

Stylo-Glossi.

Hyo-Glossi.

Genio-Glossi.

516. THE Muscles which move the Os Hyoides, already described in Sect. 3. belong likewise to the Tongue, and are the principal Directors of its Motions. The names of these Muscles may be remember'd to be as follow:

Mylo-Hyoidæi.

Genio-Hyoidæi.

Stylo-Hyoidæi.

Omo-Hyoidæi.

Sterno-Hyoidæi.

517. THE Mylo-Glossi are small fleshy Planes situated transversely, one on each side, between the Ramus of the Lower Jaw, and the Basis of the Tongue. Their Insertion in the Jaw is immediately above the posterior half of the Mylo-Hyoidæus, between the prominent oblique Line on the inside of the Bone, and the Dentes Molares. From thence they run toward the Basis of the Tongue, and are lost there on one side of the Glossopharyngæi. These Muscles are often wanting.

518. THE Stylo-Glossi are two long small Muscles which run down from the Styloide Apophyses or Epiphyses, and form two Portions of the lateral parts of the Tongue. Each Muscle is fixed in the outside of the Apophysis Styloides by a long Tendon, being the uppermost of the three Muscles fixed in that Apophysis, which at *Paris*, go by the name of *Riolan's* Nosegay. The Stylo-Hyoidæus is the lowest, and the Stylo-Pharyngæus is in the middle, but more backward.

519. As it runs down almost opposite to the inside of the Angle of the Lower Jaw, it sends off a pretty broad and short lateral Aponeurotic Ligament, which being fixed in that Angle, serves for a Frænum, or Ligamentum Susensorium to the Muscle in this part of its Course. From thence it passes on to the side of the Basis of the Tongue, where it first of all adheres closely to the lateral Portion of the Hyo-Glossus, and then forms together with that Muscle, a large Portion of the side of the Tongue.



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520. THE Hyo-Glossi are each inserted in three parts of the Os Hyoides that lie near each other; in the Basis, in the Root of the great Cornu, and in the Symphysis between these two; and on this account the Hyo-Glossus has been divided by some into two or three distinct Muscles called Basio-Glossus, Cerato-Glossus, and Chondro-Glossus. In some Subjects they may easily be separated, the three Portions being simply contiguous to each other; but it is needless to burden the Memory with so many useless names, and therefore I describe them all as one Muscle, by the name of Hyo-Glossus.

521. It is situated on the inside, and a little lower than the Stylo-Glossus, with which it forms the lateral part of the Tongue. The Portion inserted in the Basis of the Os Hyoides lies more anteriorly, and is larger than the other two; that which is inserted in the Symphysis is the least, and that inserted in the great Cornu, the most posterior. This Muscle is partly sustained by the Mylo-Hyoidæus, as by a Girth; and the anterior Portion is distinguished from the rest by the passage of the Nerves of the fifth Pair, and of the Arteries which accompany them.

522. THE Genio-Glossi are situated close to each other on the lower side of the Tongue. Each Muscle is inserted in the inner or backside of the Symphysis of the Lower Jaw, immediately above the Genio-Hyoidæus. From thence it runs backward toward the Os Hyoides, to which the lowest Fibres are connected by a Ligamentary Membrane; and in this course its Fibres are spread through the Substance of the Tongue in a very singular manner.

523. OF these Fibres, some run directly toward the Os Hyoides, all the way to the Basis of the Tongue; some are inflected forward, and go to the Point of the Tongue; and the rest are distributed in a radiated manner, forward, upward, and backward in the Substance of the Tongue; and the middle Fibres expand laterally toward the Edges of the Tongue.

524. THE two Genio-Glossi run close to each other, as if they formed but one Mass; but they are evidently divided by a very thin cellular Membrane, or middle Septum, which penetrates a good way between the two lateral, or right and left Halves of the Tongue, lying in the same Plane with the Linea Mediana of the upper side of the Tongue.

525. WHEN we separate these two Muscles from the Chin, they presently contract so much, that their anterior Extremities which lay under the Point of the Tongue, are as far back as the middle of it. It is in this preternatural Situation that we see these Muscles represented in Figures given by very great Anatomists, and drawn and engraved by very good Artists, in which Figures the whole Beauty of their true Mechanism is lost.

526. THESE two Muscles by their posterior straight Fibres which go to the Basis, can draw the Tongue out of the Mouth, and bring it back again by their anterior bent Fibres which go to the Point. They can either successively, or all at once, make the Tongue longitudinally hollow

or

or like a Groove; and they can at the same time contract it, by the lateral Expansion of their middle Fibres. I pass over many other Motions which these Muscles are capable of performing, from whence I formerly used in my private Courses to call them *Musculi Polychrestii*.

527. WHEN either of the *Stylo-Glossi* acts, it turns the Tongue toward the Cheek, and forces the Aliment between the upper and lower Molares. When they act jointly with the lateral Portions of the superior fleshy Plane of the Tongue, they turn the Tongue obliquely upward to the Teeth of the upper Jaw, and near the Cheeks, as when we bring down any part of the Food that may have stuck there, after Mastication. When they act jointly with the lateral Portions of the *Hyo-Glossi*, they turn the Tongue downward between the lower Teeth and the Cheek.

528. WHEN all the parts of the *Hyo-Glossi* act together, they shorten the Tongue. They likewise turn the Point of the Tongue between the Teeth and the under Lip, and make it pass over that Lip. The superior fleshy Plane of the Body of the Tongue, bends it upward toward the Palate, and makes it pass along or lick the upper Lip. The *Mylo-Glossi* serve as a *Frænum* to one side of the Basis, while the Point is turned to the other side. The *Ligamenta Suspensoria* of the *Stylo-Glossi* may answer the same purpose, and even supply the want of the *Mylo-Glossi*.

529. BESIDES the Membranes of the Tongue already described, it is customary to mention another, called *Membrana Reticularis*, which is commonly demonstrated from the boiled Tongues of Oxen or Sheep; and some pretend to have shewed it in the Human Tongue, which I own I have never been able to do. It is now a long time since I shewed that what they take from the Tongues of Oxen and Sheep is not a true Membrane, but a kind of clear mucilaginous Substance, which lies between the papillary and external Membranes, and which by boiling, becomes white, and acquires Solidity enough to be taken out in large Portions, and that the Holes found in it are owing to the small pyramidal Papillæ.

530. THE Tongue is fixed in the Mouth, not only by Muscles, but also by Ligaments, which are for the most part Membranous. The principal Ligament is that called the *Frænum*, which is the prominent Fold that appears first under the Tongue, when we raise it, with the Mouth opened, and is no more than a Continuation or loose Duplicature of that Membrane, which covers the inferior Cavity of the Mouth. It covers the Curvature of the anterior Portion of the *Genio-Glossi* from the Point of the Tongue, almost as high as the middle Interstice between the lower *Dentes Incisorii*.

531. THE other Ligaments of the Tongue are the small membranous Fold which runs along the middle of the convex side of the *Epiglottis* to the Basis of the Tongue; and the membranous Folds which cover the inferior half Arches of the *Septum Palati*. These three Folds are Continuations of the Membrane which covers the neighbouring parts. The Aponeurotic Ligaments of the *Stylo-Glossus* may be looked upon as true lateral Liga-



ments of the Tongue; and they adhere a little to the lower part of the *Musculus Pterygoideus Internus*, or Anterior.

532. THE principal Blood-Vessels of the Tongue are those that appear so plainly on its lower Surface, on each side of the *Frænum*; and they consist of one Artery and one Vein, which accompany each other, and are called *Arteriæ & Venæ Sublinguales* or *Raninæ*. The Veins lie next the *Frænum*, and the Arteries on the other side of the Veins. The Arteries are Rami of the second internal or anterior Branch of the external Carotid on each side, and communicate with the first external or posterior Branch of the same Carotid, &c. The Veins are commonly Rami of a Branch of the external anterior Jugular Vein, described among the other Veins, Sect. 5. N<sup>o</sup> 79.

533. WE observe four nervous Ropes to go very distinctly to the Basis of the Tongue, and to continue their course through its whole Substance all the way to the Point. Two of these Ropes are Rami of the inferior maxillary Nerves, or of the third Branch of the fifth Pair from the *Medulla Oblongata*. The other two are the Nerves of the ninth Pair. The two first I have already named *Linguales* or *Hypo-Glossi Minores*, and the other two *Linguales* or *Hypo-Glossi Majores*. The Majores are inferior and internal, the Minores, superior and external, or lateral. The small Portion or first Branch of the *Nervus Sympatheticus Medius*, or of the eighth Pair, sends likewise a Nerve to each side of the Tongue.

534. THE great Lingual Nerve on each side runs forward between the *Musculus Mylo-Hyoidæus* and *Hyo-Glossus*, under the *Genio-Glossus*, and is distributed to the fleshy Fibres all the way to the Point of the Tongue, communicating by several small Filaments with the *Lingualis Minor*, and with the Nerve from the eighth Pair. For the other Distributions of it, I refer to the Description of the Nerves.

535. THE small Lingual Nerve on each side goes off from the *Maxillaris Inferior*, sometimes at and sometimes before its passage between the *Pterygoide Muscles*. Afterwards separating more and more from the Trunk, it passes under the lateral part of the Tongue, over the *Sublingual Gland*, of which hereafter. It supplies the nearest parts of the Tongue as it passes, and then entering its Substance, terminates at the Point, having sent a great number of Filaments to the *Papillary Membrane*. It communicates, as has been said, with the *Lingualis Major*, and with the Nerve from the eighth Pair.

536. THIS Lingual Nerve, a little after it leaves the *Maxillaris Inferior*, is accompanied by a small distinct Nerve, which runs upward and backward toward the Articulation of the Lower Jaw, in company with the lateral Muscle of the *Malleus*, passes through the *Tympanum* between the Handle of the *Malleus* and the long Leg of the *Incus*, by the name of *Chorda Tympani*, and afterwards perforating the backside of the *Tympanum*, unites with the *Portio Dura* of the Auditory Nerve, as has been already said in the Description of the Ear.

537. THIS small Nervous Rope has been looked upon by Anatomists as a kind of small Recurrent of the Nervus Lingualis; but as in some Subjects it appears to make simply an acute Angle with the Lingual Nerve, and as this Lingual Nerve is something larger after this Angle, it ought rather to be believed to come from the Tympanum, and to unite with the Lingual Nerve, than to arise from this Nerve, and run up to the Tympanum. In some Subjects the Union of this Nerve with the Lingualis is in a manner Plexiform, and very difficult to be unfolded.

538. THE Lingual Nerve of the eighth Pair which is its first Branch, runs first of all on the inside of the Digastric Muscle of the Lower Jaw, and supplies the Genio-Hyoidæi, the neighbouring Muscles of the Basis of the Tongue and those of the Pharynx. Afterwards it sends out the Ramifications, and forms the Communications described in the History of the Nerves; and lastly goes to the lower part of the Tongue, where it communicates with the Lingual Ramus of the fifth Pair, and with the Lingual Ramus of the ninth.

539. THE Tongue is the Organ of the Sense, called the Taste, by means of the Papillæ, especially the Villosæ or Pyramidales. It is not as yet discovered in what manner the Papillæ Semi-lenticulares contribute to the Taste; and the Capitatae ought to be looked upon as Salival Glands.

540. THE Tongue is likewise one of the principal Instruments of Speech, and of the Articulation of the Voice. *Riolan* in his *Anthropographia* mentions a Child of five Years of Age, who though he had lost his Tongue by the Small Pox, but not the Uvula, continued still to speak almost as distinctly as before. Probably the Basis of the Tongue still remained. *M. de Jussieu* has published an Observation in the Memoirs of the Royal Academy concerning a little Girl who could speak, though she was born without a Tongue, in room of which there was only a kind of small Tubercle.

541. THE Tongue serves also to collect all the Morsels which we chew, to turn them in different manners and to different parts of the Mouth, and to rub off whatever sticks to the Palate; and it is useful in Spitting, Sucking, &c. It bears a great part in Deglutition, being assisted by the Digastric Muscles, which by contracting at the same time that the other Muscles press the lower Jaw against the upper, raise the Os Hyoides, and fix it at a convenient height, that the Stylo-Glossi and Hyo-Glossi may make the Basis of the Tongue bear back upon the Morsel which is to be swallowed, and so force it into the Pharynx, the Portions of which that are at that time immediately above the Morsel, do instantly contract, and push it into the Oesophagus.

#### § 5. The Cheeks, Lips, and Gums.

542. THE Cheeks and Lips form the sides and entry of the Cavity of the Mouth. They are formed in general by the Connexion of several fleshy Portions of different breadths, fixed round the convex sides of the two Jaws,



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**Jaws**, covered on the outside with the Skin and Fat, and lined on the inside by a glandulous Membrane. Besides all this, the Lips seem likewise to have a soft spongy Substance in their Composition, which swells and subsides on certain occasions independently of the Action of the Muscles belonging to them, and is mixed with Fat.

543. THE Substance which forms the red Border of the Lips is very different from the rest of the Skin, being a Collection of very fine, long, villous Papillæ, closely connected together and covered by a fine Membrane, which seems to be both a Continuation of the Epidermis, and of that Pellicle which covers the glandulous Membrane of the Cavity of the Mouth. This Substance is extremely sensible, and very painful when the outer Membrane is by any accident destroyed. The internal Membrane of the upper Lip forms a small middle Frænum above the first Dentes Incisorii.

544. THE Gums are that reddish Substance like Leather, which covers the two sides of the whole Alveolar Border of both Jaws, insinuates itself between all the Teeth, surrounds what I called the Collar of each Tooth in particular, and adheres very strongly to them. Therefore the outer and inner Gums are continuous, and both together form just as many Openings as there are Teeth.

545. THE Substance of the Gums is of a very singular Structure, resembling in some measure the Texture of a Hat, supposed to be very compact and elastic. It is not immediately fixed to the Bones of the Jaws, but by the Intervention of the Periosteum with which it is perfectly united; and it is covered by a fine, strong, even Membrane, which sticks very close to the Substance of the Gums, and seems to be a Continuation of that thin Membrane which goes to the Lips and Cheeks, and of that which goes to the Tongue.

546. THE Arteries which go to the Lips, Cheeks and Gums are Ramifications of the external Carotid, and chiefly of those Branches called Maxillares Externæ & Internæ, of which I desire the Reader to consult the Distributions and different Communications in the Description of the Arteries N<sup>o</sup> 55. 58. The Veins are Ramifications of the external anterior Jugular.

547. THE Nerves of these Parts come from the Maxillaris Superior and Inferior, which are Branches of the fifth Pair; and also from the Portio Dura of the Auditory Nerve, or Sympatheticus Minimus, the Ramifications of which are spread in great numbers on all these parts, and communicate in a pretty singular manner with the Nerves of the fifth Pair in several places, as may be seen in the Description of the Nerves.

548. THERE is so much Variety to be met with in the Muscles of the Lips in different Subjects, that it is not at all surprising to find the Descriptions given of them by Anatomists very unlike one another. In some Subjects Portions of these Muscles are wanting; in some they can scarcely be distinguished, because of the paleness and attenuation of the Fibres; and in others there are really some particular Fasciculi which are not generally to be

be found. About fifteen Years ago I dissected an old Woman, in which Subject alone I observed a great many singular things which I have not met with in great numbers of other Subjects more proper for Dissection. In this Subject the Muscles of the Face in general were very much multiplied, and very distinct, as I shall shew in particular Observations.

549. THE Muscles of the Lips are commonly divided into common and proper. The common Muscles are those which end at the Angles or Commissures of the two Lips; and those are proper which are fixed in one Lip only, which are again subdivided into the proper Muscles of the upper Lip, and proper Muscles of the under Lip. All these Muscles have particular names, some of which are taken from something in the Conformation of the Muscles, some from the Insertions or Situation, and some from the Uses attributed to them.

550. I shall here describe those which I am able to shew, without mentioning those which I have not hitherto found, though I am in no doubt about the Accuracy of these great Anatomists who have published accounts of them, and who have besides given unquestionable proofs of their being faithful and judicious Observers. I shall lay aside the names taken from the supposed uses, partly because I have done so all along for reasons already given, partly because I am still uncertain about some of the uses attributed to them, and partly to encourage Anatomists and even Beginners to try their Hands at guessing, at which they may perhaps succeed better than I have done.

551. THE Muscles to which I confine my self may be enumerated in the following Order.

*Musculi Communes.*

Semi-Orbiculares.

Supra-Semi-Orbiculares.

Buccinatores.

Zygomatici Majores.

*Musculi Proprii Labii Superioris.*

Zygomatici Minores.

Canini.

Incisorii Laterales.

Incisorii Medii.

*Musculi Proprii Labii Inferioris.*

Triangulares.

Triangularium Collaterales.

Quadratus.

Incisorii Inferiores.

Cutanei.



552. THE upper Lip is sometimes moved by the Action of the Muscles of the Nose, especially of the Pyramidales; and both Lips either jointly or separately are moved by Suction, without the assistance of the Muscles belonging to them.

553. THE Semi-Orbiculars are commonly looked upon as one Muscle, surrounding both Lips, from whence it is called Orbicularis; but when we examine carefully the Angles of the Lips, we find that the Fibres of the upper Lip intersect those of the under Lip, and we easily distinguish the muscular Arch of one Lip from that of the other; and for this reason, I divide this Muscle into two, and I call them either by the common name of Semi-Orbicularis, or I call one of them Semi-Orbicularis Superior, and the other Semi-Orbicularis Inferior; but the name of Semi-Ovales would be still more proper.

554. THE superior Semi-Orbicular Muscle is oftentimes broader than the inferior; and it has this peculiarity likewise, that all its Fibres do not go to the Corner of the Mouth, but terminate by degrees between the Middle and Extremities of this Arch, nearly like the Semi-Oval Fibres of the upper Palpebra. The inferior Semi-Orbicular Muscle is commonly more uniform in the Disposition of its Fibres.

555. THE Supra-Semi-Orbiculars are Fibres which increase the breadth of the two lateral Portions of the superior Semi-Orbicularis, upward; and they appear at first sight to be one continued Arch like the Muscle last named, but being narrowly examined, they will be found to be separated by a small Interstice, lying betwixt their contiguous Extremities which are fixed in the Gums opposite to the Edges of that Cutaneous Fossula that runs down from the Septum Narium, to the middle of the Edge of the upper Lip. Their other Extremities are confounded with those of the Semi-Orbicularis Superior.

556. THE Buccinatores are two in number, each of them situated transversely between the posterior part of the two Jaws and the Corner of the Mouth. They are broad backward and narrower forward, in the Shape of a Triangle or Trapezium, and they form a considerable Portion of the Cheeks, and for that reason are sometimes called the Muscles of the Cheeks. To have a just Idea of these Muscles, we must be made acquainted with a Ligament on each side of the Face which I call Ligamentum Inter-Maxillare, because it connects the two Jaws, and also gives Insertion to the posterior Fibres of the Buccinator.

557. THIS Ligament is strong and pretty broad. It is fixed by one end to the outside of the upper Jaw above the last Dens Molaris, and at the side of the Apophysis Pterygoïdes where it adheres very closely to the Musculus Pterygoïdæus Internus. By the other end it is fixed in the posterior or superior Extremity of the oblique prominent Line on the outside of the lower Jaw, below the last Dens Molaris. It serves likewise as a Frænum to check and limit the Depression of the lower Jaw in opening the Mouth, and we may feel it our selves, with the end of the Finger in the Mouth, especially when it is wide open.

558. THE Buccinator is inserted posteriorly in three different places. The middle Fibres are fixed transversely in the Ligamentum Intermaxillare, and run directly to the Corner of the Mouth. The superior Fibres run down in an oblique graduated manner, from the Alveoli of the upper Jaw to the Corner of the Mouth; and the inferior Fibres run up from the lower Jaw in the same manner. All these Fibres contract by degrees as they approach the Commissure of the Lips, where they run in behind the Extremities and Union of the Semi-Orbiculares, by which they are covered, and to which they adhere closely. There is a large Hollow between this Muscle and the Masseter filled with Fat.

559. THE Zygomatici Majores are two Muscles situated, one on each side, between the Zygoma and the Corner of the Mouth. Each Muscle is thin, long, oblique, and fixed by one Extremity to the lower Edge of that Portion of the Os Malæ, which is connected with the Zygomatic Apophysis of the Os Temporis. From thence it runs down obliquely from behind forward, being in its passage, commonly involved in Fat. It ends at the Commissure of the two Lips, adhering strongly to the Buccinator which covers it. This Muscle is very often complex.

560. THE Zygomatici Minores are two small slender Muscles, lying above the great Zygomatici, and almost parallel to them. Their superior Extremity seems to be a detachment from the lower Fibres of the Orbicularis Palpebrarum; but they may always be distinguished. Their lower Extremity unites with the neighbouring Incisforius. These Muscles are quite buried in Fat, and for that reason often disappear.

561. EACH of the two Canini is fixed by a broad Insertion in the upper Jaw above the Socket of the Dens Caninus, in a depression below the inferior Edge of the Orbit near the Os Malæ. From thence it runs down a little obliquely, crossing the lower Extremity of the Zygomaticus Major, which covers it at this place. Afterwards it terminates at the Extremity of the Arch of the Semi-Orbicularis Superior, and communicates by some Fibres with the Triangularis. I formerly looked upon this as a neutral Muscle, that is, as being neither a proper Muscle of the upper Lip, nor common to both.

562. EACH of the two Incisforii Laterales is a sort of Biceps, its upper part being divided into two Portions which unite below. One of these superior Portions is larger than the other, and is fixed in the Os Maxillare below the middle Tendon of the Orbicularis Palpebrarum, seeming to communicate by some Fibres with the contiguous Fibres of that Muscle. From thence it runs down a little obliquely toward the Cheek, along the Apophysis Nasalis, mixing with the Pyramidalis Nasi, and sending some Fibres to the Nares. Afterwards it passes over and adheres to the Myrtiformis, or Transversalis Nasi, and unites with the other Portion.

563. THIS other Portion is fixed by a broad Insertion immediately below the Edge of the Orbit, in the Os Maxillare near the Union of this Bone with the Os Malæ, and likewise a little in the last named Bone, being at this place



## THE ANATOMY OF

covered by the inferior Portion of the Orbicularis Palpebrarum, with which it has sometimes a kind of Communication. From thence it runs down obliquely toward the Nose, and unites with the first Portion.

564. THE two Portions thus united and contracting in breadth, run behind the Semi-Orbicularis Superior, and are fixed therein opposite to the lateral Dens Incisorius. Sometimes it sends a small Fasciculus of Fibres to the Musculus Caninus, which may be reckoned an Assistant to that Muscle, and named Caninus Minor.

565. THE Incisorii Medii are commonly called Incisorii Minores Cowperi or Incisorii Minores Superiores. They are two small short Muscles situated near each other below the Septum Narium. They are fixed by one Extremity in the Os Maxillare, on the Alveoli of the first Incisores behind the Semi-Orbicularis Superior, and by their other Extremity in the middle and superior part of the Substance of the upper Lip, near the Nares, in which they likewise have an Insertion; and they sometimes send lateral Fibres to the Semi-Orbicularis.

566. EACH of the two Triangulares is fixed by a broad Extremity in the outside of the Basis of the lower Jaw, from the Masseter to the Hole near the Chin. From thence it ascends, contracting in breadth in a bent triangular Form, runs in between the Extremities of the Buccinator and Zygomaticus Major, to both which it adheres very closely, and terminates at the Commissure of the Lip, partly in the Semi-Orbicularis Superior, and partly, though not always equally, in the Semi-Orbicularis Inferior. This Muscle seems sometimes to be a Continuation of the Caninus Major.

567. THE Quadratus forms the thick part of the Chin below the under Lip. It is a very complex Muscle, and very difficult to be prepared, because its Fibres are interwoven with a great Quantity of Fat or a pellicular Texture of the Membrana Adiposa. It is first of all inserted in the foreside of the lower Jaw, where it partly fills the broad Fossula on each side of the Symphysis. From thence it runs up, intersecting, along the Symphysis, the contiguous Fibres of the Skin, and terminates by a broad Insertion in the Semi-Orbicularis Inferior. The Direction of the other Fibres of which it is composed, varies in different Subjects, and it communicates by some Fibres with the Cutanei.

568. THE Incisorii Inferiores are two small Muscles, commonly mentioned with the addition of *M. Cowper's* name. Each of them is fixed by the superior Extremity, on the Alveoli of the lateral Incisores of the lower Jaw. From thence they run down, approaching each other, and are inserted together in the lower part of the middle of the Semi-Orbicularis Inferior.

569. ON the outside of the superior Insertion of each of these Muscles, we meet with a Fasciculus of Fibres which seem to be detached from it near the Incisors. This Fasciculus goes off laterally in form of an Arch, and unites with the Fibres of the Semi-Orbicularis Inferior, with which it may be easily confounded. It may be looked upon as a Musculus Accessorius to the Semi-Orbicularis Inferior, or as a Collateralis to the Incisorius Minor.

570. THE

570. THE two Musculi Cutanei form a kind of fleshy Membrane, which covers the whole foreside of the Throat and Neck, from the Cheek and Chin, all the way down below the Claviculæ, and adheres very strongly to the Membranous or Aponeurotic Expansion described above N<sup>o</sup> 196, 197. This Expansion has a particular Adhesion to the anterior Portion of the Basis of the lower Jaw, of the same kind with that at the lower part of the Zygoma, and it is spread over all the Muscles that lie round the Neck, and over the upper Portion of the Pectorales Majores, Deltoides, and Trapezii.

571. THE Fibres of each Cutaneous Muscle run obliquely upward and forward, and meet and seem to intersect those of the other Muscle at acute Angles, from the Sternum all the way to the Chin. They adhere very closely to the Skin by the Intervention of the cellular Substance. From the Clavicles to the upper part of the Neck, these Muscles are very thin, and from thence increase a little in thickness as they approach the Basis of the lower Jaw, and especially from the Masseter to the Chin.

572. THEY adhere strongly to the lower Portion of the Masseter, Triangularis, and Quadratus, and on the Masseter and Buccinator their fleshy Fibres become Aponeurotic, but continue longer on the Triangularis, being mixed with the Fibres of that Muscle all the way to the Commissure of the Lips. They likewise advance a little on the neighbouring Portion of the Quadratus.

573. THE Portion of these Muscles which answers to the Basis of the Triangularis, is in a manner divided into two fleshy Laminæ, the outermost of which is what advances over the Triangularis and Quadratus, the other being inserted separately in the lower Jaw. I have sometimes observed a part of the fleshy Extremity of the right side, to pass before the Symphysis of the Chin, over a like part from the left side, the one covering the other.

574. THE common Muscles of the Lips either draw both Corners of the Mouth at once, or only one at a time, according to the different Direction of their Fibres. The proper Muscles pull the different parts of the Lips in which they are inserted. The Buccinators in particular may serve to move the Food in Mastication. An intire Treatise might be written on the almost innumerable Combinations of the different Motions of all these Muscles, according to the different Passions, and according to the different Postures in which a Man may put his Face, as I shall shew elsewhere. None are more affecting, than those produced by the Cutanei alone, especially in Weeping, which they do by their Adhesions to the Triangulares, &c. But by their Insertions in the Bone of the lower Jaw, they draw up the lower part of the Integuments of the Neck, and those of the Breast next to these; for they cannot move the Jaw. In old People, and in those who are very much emaciated, these Muscles may be perceived by the Eye, under the Chin, and on the Neck.



§ 6. *The Salival Glands, &c.*

575. By Saliva we mean in general, that Fluid by which the Mouth and Tongue are continually moistened in their natural state. This Fluid is chiefly supplied by Glands, called for that reason *Glandulæ Salivales*, of which they commonly reckon three Pairs, two *Parotides*, two *Maxillares*, and two *Sublinguales*. These are indeed the largest, and they furnish the greatest quantities of Saliva; but there are a great number of other lesser Glands of the same kind, which may be reckoned *Assistants* or *Substitutes* to the former. All these may be termed *Salival Glands*, and they may be enumerated in the following manner:

*Glandulæ Parotides.*

*Glandulæ Maxillares.*

*Glandulæ Sublinguales.*

*Glandulæ Molares.*

*Glandulæ Buccales.*

*Glandulæ Labiales.*

*Glandulæ Linguales.*

*Amygdalæ.*

*Glandulæ Palatinae.*

*Glandulæ Uvulares.*

*Glandulæ Arytenoidæ.*

*Glandula Thyroidæa.*

576. THE *Parotides* are two large, whitish Glands, irregularly oblong and protuberant, situated on each side, between the external Ear, and the posterior or ascending Ramus of the lower Jaw, and lying on some part of the neighbouring *Masseter Muscle*. The superior Portion of this Gland lies before the Cartilaginous Meatus of the Ear, and touches the Apophysis *Zygomatica* of the *Os Temporis*; and it is extended forward and backward under the Lobe of the Ear, as far as the *Mastoide Apophysis*.

577. FROM the anterior and superior Portion of this Gland, a white membranous Duct or Canal is produced by the Union of a great number of small Tubes representing so many Roots. This Duct runs obliquely forward on the outside of the *Masseter*, and then perforates the *Buccinator* from without inward, opposite to the Interstice between the second and third *Dentes Molares*, where the Hole or Orifice represents the Spout of an Ewer.

578. THIS Canal is named *Ductus Salivalis Stenonis*, or *Ductus Superior*. It is about the twelfth part of an Inch in Diameter, and in some Subjects is partly covered by small glandular Bodies, united with it in different quantities. The *Arteria* and *Vena Angularis* run up over this Duct, and the Por-

tio Dura of the Auditory Nerve runs through the Gland itself; and it also receives Filaments from the second Vertebral Pair.

579. THE Maxillary Glands are smaller and rounder than the Parotides, and are situated each on the inside of the Angle of the lower Jaw, near the Musculus Pterygoideus Inferior. From the inside, or that which is turned to the Musculus Hyo-Glossus, each of them sends out a Duct in the same manner as the Parotides, but it is smaller and longer, and goes by the name of Ductus Salivaris *Whartoni*, or Ductus Inferior.

580. THIS Duct advances on the side of the Musculus Genio-Glossus, along the inner Part and superior Edge of the Glandula Sublingualis, to the Frænum of the Tongue, where it terminates by a small Orifice in form of a Papilla.

581. THE Glandulæ Sublinguales are likewise two in number, of the same kind with the former, only smaller, something oblong, and flatted like a blanch'd Almond. They are situated under the anterior Portion of the Tongue, one on each side, near the lower Jaw, on the lateral Portions of the Musculi Mylo-Hyoidæi which sustain them. The two Extremities of each Gland are turned backward and forward, and the Edges obliquely inward and outward.

582. THEY are covered on the upper side by a very thin Membrane, which is a Continuation of the Membrane that covers the under side of the Tongue. They send out laterally several small short Ducts which open near the Gums by the same number of Orifices, all ranked in the same Line, at a small distance from the Frænum; and a little more backward. In many Animals we find particular Ducts belonging to these Glands, like those of the Glandulæ Maxillares, but they are not to be found so distinctly in Men. The Musculi Genio-Glossi lie between the two Sublingual Glands, and also between the two Maxillary Ducts.

583. THE Molares are two Glands nearly of the same kind with the former, each of them being situated between the Masseter and Buccinator; and in some Subjects they may easily be mistaken for two small Lumps of Fat. They send out small Ducts which perforate the Buccinator, and open into the Cavity of the Mouth, almost over against the last Dentes Molares; and from thence *M. Heister*, who first described them, called them Glandulæ Molares.

584. ALL the inside of the Cheeks near the Mouth, is full of small glandulous Bodies, called Glandulæ Buccales, which open by small Holes or Orifices through the inner Membrane of the Mouth. The Membrane which covers the inside of the Lips, a Continuation of that on the Cheeks, is likewise perforated by a great number of small Holes, which answer to the same number of small Glands, called Glandulæ Labiales. The Glandulæ Linguales are those of the Foramen Cæcum of the Basis of the Tongue, which have been already spoken to.

585. I have also explained the Glandulæ Palatinæ, or those that belong to the Arch and Septum of the Palate; and the Glandulæ Arytenoidæ.



noidæ were described with the Larynx. The Uvular Glands are only a Continuation of the Membrane of the Palate in form of a small Bunch of Grapes. We might likewise reckon among the Salival Glands those of the superior Portion of the Pharynx, mentioned in the Description of that part, and also the glandular Bodies of the Membrana Pituitaria of the Nares, and of the Sinuses that communicate with these.

586. THE Amygdalæ are two glandular Bodies of a reddish Colour, lying in the Interstices between the two lateral half Arches of the Septum Palati, one on the right, the other on the left side of the Basis of the Tongue. Their appearance is not unlike that of the outside of an Almond Shell, both because their Surface is uneven, and because it is full of Holes big enough to admit the Head of a large Pin.

587. THESE Holes which represent a Sieve, or a piece of Net-Work, are continued to an irregular Sinus or Cavity within the Gland, filled commonly with a viscid Fluid, which comes from the bottom of the Sinus, and is from thence gradually discharged through these Holes into the Throat. To see the true Structure of the Amygdalæ, they must be examined in clear Water, having first been washed in lukewarm Water, and handled very gently.

588. THE Thyroide Gland is a large whitish Mass which covers the anterior convex side of the Larynx. It seems at first sight to be made up of two oblong glandular Portions, united by their inferior Extremities, below the Cricoidæ Cartilage, in such a manner as to have some resemblance to a Crescent, with the Cornua turned upward. It is of a moderate thickness, and bent laterally like the Thyroide Cartilage, from which its name is taken. The two lateral Portions lie on the Musculi Thyro-Hyoidæi, and the middle, or inferior Portion, on the Crico-Thyroidæi. The Thyro-Pharyngæi Inferiores send Fibres over this Gland, and they communicate on each side by some such Fibres, with the Sterno-Thyroidæi and Hyo-Thyroidæi.

589. THIS Gland seems to be of the same kind with the other Salival Glands, but it is more solid. Some Anatomists thought they had discovered the Excretory Duct, but they mistook a Blood-Vessel for it. We sometimes meet with a kind of glandular Rope which runs before the Cartilago Thyroides, and disappears before the Basis of the Os Hyoides.

590. THIS glandular Rope goes out from the common Basis of the lateral Portions of the Thyroide Gland, and is lost between the Musculi Sterno-Hyoidæi, behind the Basis of the Os Hyoides, or between that Basis and the Epiglottis. I have likewise shewn in my private Courses, small Openings on the side of the anterior Ligament of the Epiglottis, or that by which it is connected to the Basis of the Tongue. One of these Openings appears like a small Papilla; and this is the furthest that I have been able to trace the glandular Rope.

§ 7. *Glandulae Lymphaticae.*

591. **BELOW** each of the first Salival Glands above described, or Parotides, toward the Mastoide Apophysis, is fixed a small Gland of another kind, differing from the former in Figure, Colour, Excretory Duct, and in the Fluid which it secretes. It is round, and of an even Surface, without Tubercles, and it is the uppermost of a great number of Glands of the same kind, which lie partly below the Interstice between the Parotid and Maxillary Glands and at different distances, along the internal Jugular Vein, all the way to the lower part of the Neck. We observe among these Glands and upon this Vein a great number of transparent Vessels, with an appearance of numerous Valves. The Fluid which they contain is transparent, a little mucilaginous, and is called Lympha.

592. **THE** Vessels are likewise termed Lymphatic Vessels, and the Glands, Lymphatic Glands. These Glands are not all equally large, nor equally round, some being oblong, thick, flat, small, &c. The Lymphatic Vessels go out alternately by one Extremity, from one Gland, and enter by the other Extremity some other Gland near the former, and both as they go out and as they enter, these Extremities are very much ramified. The Trunk is commonly single, and the Valves are so disposed, as that the Fluid contained in the Vessel can only run toward the Thorax, but cannot return to the Head.

593. **THESE** Glands and Vessels are to be found in many other parts of the Body. We meet with them not only in several parts of the Head, but also in many outward and inward parts of the Thorax, Abdomen, and both Extremities. They accompany the maxillary Salival Glands, as well as the Parotides; and there are several spread on the lateral and backsides of the Neck, in the Membrana Adiposa, near the Muscles.

594. **IN** the Cavity of the Thorax the Lymphatic Glands are situated at different distances on one side and behind the Oesophagus, especially at the place which is even with the fifth Vertebra of the Back. I have found some on the anterior Portion of the Diaphragm on one side of the Mediastinum; and there are others round the Basis of the Heart, in the Fat which lies there. They are to be met with likewise in the Substance of the Membrana Adiposa which covers the Thorax, near the inner Surface, especially about the Clavicles, and in the cellular Interstices of the Muscles which lie on the Thorax.

595. **IN** the Cavity of the Abdomen these Glands are very numerous, and particularly round the superior Orifice, and on the two Curvatures of the Stomach; on the Capsula of the Sinus of the Vena Portæ; on the cellular Ligament of the Vesicula Fellea; near the beginning of the Ductus Cysticus; at the Adhesions of the Omentum to the Spleen, and to the Colon; through the whole extent of the Mesentery; at the Adhesions of the Mesocolon;



Mesocolon; behind the Adhesions of these two Membranes to the Vertebrae of the Loins; near the Bifurcation of the Aorta; and along the Iliac Vessels. There are likewise other such Glands on the outside of the Abdomen, in the Substance, and toward the inside of the Membrana Adiposa.

596. In the Superior Extremities of the Body, these Glands lie chiefly under the Articulation of the Os Humeri with the Scapula, in the hollow of the Axilla. The most considerable Lymphatic Glands in the lower Extremity are toward the lower part of the Inguina, commonly called the Inguinal Glands, to which the Fascia Lata or Crural Aponeurosis gives a kind of double Capsula, which makes some of them lie very near the Skin, and the rest at a greater distance from it.

597. As all these Lymphatic Glands differ more in Situation, than in Size or Figure, they are commonly enumerated and denominated from the places already mentioned, where they lie in the following Order.

- Glandulæ Parotides Lymphaticæ.
- Glandulæ Maxillares Lymphaticæ.
- Glandulæ Jugulares.
- Glandulæ Cervicales.
- Glandulæ Occipitales.
- Glandulæ Claviculares.
- Glandulæ Axillares.
- Glandulæ Thoracicæ.
- Glandulæ Œsophagææ.
- Glandulæ Mediastinæ.
- Glandulæ Cardiacæ.
- Glandulæ Ventræles Externæ, Internæ.
- Glandulæ Stomachicæ.
- Glandulæ Hepaticæ.
- Glandulæ Cysticæ.
- Glandulæ Epiploicæ.
- Glandulæ Mesentericæ.
- Glandulæ Lumbares.
- Glandulæ Iliacæ.
- Glandulæ Inguinales.
- Glandulæ Crurales, &c.

598. THERE are three sorts of Vessels that now go by the name of Lymphatics, whereas formerly that word was used only to signify the transparent Vessels already mentioned, which accompany the Lymphatic Glands. The original Sources of these Vessels are very difficult to be found out; and even their Distribution through the Body has not been sufficiently traced to enable us to describe them particularly in this Treatise, and therefore I must reserve that for the Subject of another. As to their

their Termination, we are sure that for the most part they end in the Ductus Thoracicus.

599. BESIDES these Vessels which accompany the Glands, there are others of the same Structure found on the several Viscera, where no Lymphatic Glands have hitherto been discovered. We meet with them in very great numbers in the external Membrane of the Liver, and in the Duplicature of the superior membranous Ligament of this Viscus, as I have already observed. Several Discoveries have been made about these Vessels in Brutes, which I here pass over in silence, the sole design of this Work being to describe the Human Body.

600. THE third sort of Vessels termed Lymphatics, are the small Arteries and Veins which in the natural state, transmit only the serous part of the Blood. These Vessels differ from those of the first in the smallness of their Diameter, and in their Structure and Situation. All these little Arteries and Veins are uniform, extremely narrow, and though their sides are not thinner than those of the Valvular Lymphatics, yet their Diameters are generally less. The other Lymphatics are full of Valves, and very thin, but they are not narrow in proportion. The Arterial and Venal Lymphatics are found on the parts which are naturally white, as on the Skin, the White of the Eye, &c. and their Origins are easily discoverable; but the Valvular Lymphatics are confined to the internal parts of the Body, and are found on Parts of all Colours that are in the Body, and we cannot easily trace them to their Original Sources.

601. BESIDES what has been here said about the Glands, I have explained several things relating to them in the Compendious View, in the Description of the Liver, and in the Description of the Cortical Substance of the Brain. I have only here to add, that in order to have a general Enumeration of all the Glands of the Human Body, we need only add to the Salival and Lymphatic Glands, all the particular Glands and glandular Viscera which have been explained in the Descriptions of the Abdomen, Thorax and Head.

602. I think it very proper that the ancient Division of Glands into Conglobate and Conglomerate should be retained. Under the first kind I include the Lymphatic Glands alone, and all the other Glands of the Body under the second; and these again may be subdivided into Simple and Compound. I must be obliged to refer what still remains to be said concerning the internal Structure of Glands and glandular Bodies to a particular Dissertation, which is designed to contain an Answer to *M. Helvetius's* Letter published at the End of his late Performance concerning the Pulmonary Blood.

F I N I S.



# The Explication of the Figures.

## Table AA, the xxv. of *Eustachius*.

### *Lancisi's* Explication.

- a. The Heart with the Vena Cava annexed.
- b. The External Jugular Vein of the right Side, cut.
- c. Vena Jugularis Interna.
- d. d. Venæ Subclaviæ.
- e. e. Venæ Axillares.
- f. f. The Cephalic Veins of both sides.
- g. g. Venæ Medianæ.
- h. Vena Basilica Dextra.
- i. i. Arteriæ & Venæ Renales or Emulgentes.
- k. k. The Passage of the Aorta, hid by the Diaphragm, viewed on the under side.
- l. l. Arteriæ & Venæ Iliacæ, which afterwards become Crurales, &c.
- m. Vasa Pudica.

### Additional Explication.

- n. The Vascular Arch on the Palm of the Right Hand.
- o. Another Distribution of the Vessels of the Left Hand.
- p. The Arch or Curvature of the Trunk of the Aorta.
- p. Aorta Inferior.
- q. Vena Cava Superior.
- r. Vena Cava Inferior, as it passes through the Diaphragm.
- s. Vena Cava Inferior, as it passes behind the Liver.
- t. The left Iliac Vein.
- u. u. Arteriæ & Venæ Crurales, or Crurales Superiores.
- x. x. Arteriæ & Venæ Crurales Inferiores.
- y. y. y. y. The two Tibiæ.
- z. z. The Tendon of the Rectus Anterior, cut off.
- 1. 1. 1. 1. The Musculus Vastus Externus inverted.
- 2. 2. Vastus Internus.
- 3. 3. Crureus.
- 4. 4. Musculus Fasciæ Latæ.
- 5. 5. Triceps.
- 6. 6. The Kidneys.
- 7. 7. Musculus Latissimus Dorsi.
- 8. 8. Trapezius.

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- 8. 8. Trapezius.
- 9. 9. Deltoides.
- 10. 10. Biceps.
- 11. 11. Anconæus Maximus.
- 12. 12. Supinator Longus.
- 13. Ulnaris Externus.
- 14. The Radialis Internus, cut.
- 15. The Ulnaris Gracilis or Palmaris, cut.
- \* Vena Jugularis & Arteria Carotis.
- \*\* Venæ & Arteriæ Frontales.
- 17. Venæ & Arteriæ Temporales.
- 18. Venæ & Arteriæ Occipitales.
- 19. Musculus Perforatus.
- 20. 20. Gastrocnemii.
- 21. 21. Soleus.

### Table BB, the xviii. of *Eustachius*.

#### *Lancisi's* Explication.

#### Fig. II.

- a. a. Nervi Olfactorii.
- b. b. The Nervi Optici, cut.
- c. c. Motores Oculorum communes.
- d. d. Nervi Pathetici.
- e. Processus Annularis.
- f. f. The three Branches of the fifth Pair.
- g. g. The sixth Pair.
- h. h. The two Portions of the Nervi Auditorii.
- i. i. i. i. The Origin of the eighth Pair.
- m. m. Nervi Recurrentes.
- n. The left Nerve of the ninth Pair.
- o. The right Nerve of the ninth Pair.
- p. p. Corpora Pyramidalia.
- q. q. The tenth Pair cut, according to *Lancisi's* Explication of these two white Points ; but as these two Marks are not to be found in the other four Figures of the Brain, this Explication is without Foundation.
- r. r. The superior Extremity of the Nerves, commonly called Intercostrales, which according to *Lancisi*, may be reckoned an eleventh Pair.
- s. s. s. The great Trunks of these Nerves.

\* U 2

t. u. u. The



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- t. u. u. The Nervus Accessorius of the eighth Pair, and its Communication with the third Pair of the Vertebrales.  
 x. x. x. The Nervi Diaphragmatici, of which the Left is naturally longer than the Right.  
 y. The inferior Opening of the Infundibulum.  
 z. z. The Nerves which go to the Testes, Uterus, &c.

### Additional Explication.

1. 1. Nervi Brachiales.  
 2. 2. &c. The Communications of the Vertebral Nerves, with those commonly called Intercostrales.  
 3. 3. Nervi Crurales & Sciatici.

### Fig. I. and III.

- From a to k, the References are the same as in the foregoing Figure.  
 l. The Nervus Accessorius of the eighth Pair, or Nervus Spinalis, with its different Origins.  
 m. Chorda Tympani.  
 n. The Communication of the Portio Dura Nervi Auditorii, with the Nervus Maxillaris Inferior.  
 o. Nervus Ocularis, or Ophthalmicus.  
 p. Nervus Maxillaris Superior.  
 q. Nervus Maxillaris Inferior.

### Fig. IV. and V.

These Figures are the same with the first and second, the Sections of the Nerves excepted.

## Table CC. the xli. of *Eustachius*.

### *Lancisi's* Explication.

#### Fig. I.

- a. a The Musculi Frontales, bifurcated. This Bifurcation is not always to be found.  
 b. b. The superior Segments of the Musculi Palpebrarum Orbiculares.  
 c. c. The inferior Segments of the same Muscles.  
 d. Musculus Levator Auriculæ.  
 e. Musculus Temporalis.

f. Musculus

## THE FIGURES

- f. **Musculus Masseter.**
- g. **The inferior Edge of the Zygoma.**
- h. **A Portion of the Lower Jaw.**
- i. **The upper Extremity of the Musculus Depressor Alæ Narium.** This whole Muscle is seen Fig. 3. a.
- l. **Musculi Pyramidales Alæ Narium.**
- m. m. **Musculi Zygomatici Majores.**
- n. **Zygomaticus Minor Accessorius.**
- o. o. **Musculi Canini.**
- p. **Musculus Quadratus Menti.**
- q. **Musculus Triangularis.** There is here a Mistake in *Lancisi's* Original Explication.
- r. **Musculus Labiorum Orbicularis.** Vide Fig. 3. b.
- s. **Musculus Buccinator.** Vide Fig. 3. c.

### Additional Explication.

- t. t. **Musculi Palpebrarum Minores.**
- u. **Musculus Zygomaticus Minor.**
- x. **Musculus Incisorius Major.**
- y. **The small Muscle of the Sub-Septum Narium.**

### Fig. II.

This Figure, and the fifth and sixth, seem not to have been taken from Human Subjects.

- a. **Musculus Sterno-Thyroidæus Dexter.**
- a. **Musculus Hyo-Thyroidæus Dexter in situ.**
- b. **Sterno-Hyoidæus Dexter.**

### Fig. III.

- a. **The Musculus Depressor Narium intirely.**
- b. **Musculus Orbicularis Labiorum.**
- c. **Buccinator.**
- d. d. **Musculi Canini.**

### Fig. IV.

The Musculus Temporalis, extra situm.

### Fig. V.

- a. **Musculi Sterno-Hyoidæi.**
- b. **Musculus Coraco-Hyoidæus, or Omo-Hyoidæus.**
- c. **The**



## THE EXPLICATION OF

- c. The middle Tendon of this Muscle.
- d. Musculus Mylo-Hyoidæus, called here *Genio-Hyoidæus Externus*, five Obliquus.
- e. Musculus Genio-Hyoidæus, called here *Genio-Hyoidæus Internus*, five Rectus.
- f. The Stylo-Hyoidæus of the right side.
- g. g. Cerato-Glossi, or Hyo-Cerato-Glossi.
- h. h. Stylo-Glossi.
- i. Os Hyoides.
- k. Glandulæ Sublinguales.
- l. Glandula Thyroidæa.
- m. The Appendix of that Gland.

### Addition.

- n. Musculus Sterno-Thyroidæus.

### Fig. VI. and VII.

These two Figures are nearly the same with the second.

### Fig. VIII.

- a. Aspera Arteria.
- b. Œsophagus.
- c. c. Musculus Colli Longus.
- d. The Glandula Thyroidæa, which appears to be divided.
- e. The Appendix to that Gland, according to *Morgagni*.
- f. f. Musculi Crico-Thyroidæi.
- g. Cartilago Thyroides.
- h. Musculus Thyro-Pharyngæus.
- i. Musculus Stylo-Pharyngæus Sinister.
- k. The Tendon and common-Insertion of that Muscle.
- l. l. Musculi Basio-Glossi. That on the right Side appears like a *Genio-Glossus*.
- m. Os Hyoides.
- n. Musculus Genio-Hyoidæus Obliquus, which is more properly named *Genio-Glossus*.
- o. Genio-Hyoidæus Rectus. It appears here like a Portion of the *Basio-Glossus*.
- q. Stylo-Glossus.

Fig.

## THE FIGURES.

### Fig. IX. and X.

The Officula Auditus. The Stapes and Muscle of the Malleus were discovered by *Eustachius*.

### Fig. XI.

- a. a. Musculi Basio-Glossi. That on the right side appears here like a Genio-Hyoidæus.
- b. Cerato-Glossus Sinister.
- c. Stylo-Glossus Sinister.
- d. Stylo-Pharyngæus Sinister.
- e. Œsophagæus. This appears rather to be the Thyro-Crico-Pharyngæus, raised and inverted.
- f. Stylo-Hyoidæus Sinister.
- g. Crico-Thyroidæus Sinister.
- h. Aspera Arteria.
- i. A Portion, of the Œsophagus, cut off.

### Addition.

- k. The Ligament of the Stylo-Glossus.
- l. Musculus Cerato-Pharyngæus.
- m. Syndesmo-Pharyngæus. These two Muscles cover the middle Portion of the Stylo-Pharyngæus.
- n. The lower Portion of the Stylo-Pharyngæus, inserted partly in the Cartilago Thyroides, and partly in the Cornu of the Os Hyoides.
- o. The Basis of the Os Hyoides.
- p. The left Cornu of that Bone.
- q. Cartilago Thyroides.

### Fig. XII.

- a. The Basis of the Os Hyoides.
- b. The Notch and left Side of the Cartilago Thyroides.
- c. Musculus Hyo-Thyroidæus Sinister.
- d. Sterno-Thyroidæus Sinister.

### Addition.

- e. A small distinct Muscle.
- f. Another.
- g. The Basis of the Os Hyoides.
- h. The left Great Cornu.
- i. The left Small Cornu or Appendix.

Fig.



## THE EXPLICATION OF

### Fig. XIII.

- a. Musculus Pterygoidæus Internus.
- b. Pterygoidæus Externus.
- c. The Musculus Colli Longus Superior of the left Side, which is likewise called Rectus Anterior.
- d. Longus Colli Inferior of the right Side.

#### Addition.

- e. Musculus Salpingo-Staphylinus, or rather the Ptery-Salpingoides.
- f. The Obliquus Anterior of the right side.
- g. g. Recti Minores five Laterales Anteriores.
- h. h. The Lower Jaw divided by the Chin.

### Fig. XIV.

This Figure does not appear in Human Subjects.

## Table DD. the xlii. of *Eustachius*.

### *Lancisi's* Explication.

#### Fig. I.

- a. The Epiglottis raised a little.
- b. b. The two Tops or small Heads of the Cartilagine Arytenoides.
- c. The left Ala of the Cartilago Thyroides, extra situm.
- d. The Superior Apophysis or Cornu of that Ala.
- e. The Inferior Apophysis or Cornu.
- f. The right Ala, in situ.
- g. Musculus Thyro-Arytenoidæus Sinister.
- h. Crico-Arytenoidæus Lateralis.
- i. Crico-Arytenoidæus Posterior.
- k. k. Arytenoidæus.
- l. Aspera Arteria.
- m. A Portion of the Musculus Œsophagæus. This appears rather to be the membranous Portion of the Aspera Arteria.

#### Addition.

- n. The left, small, lateral, articular side of the Cartilago Cricoides, with which the inferior Apophysis of the Cartilago Thyroides, is articulated.

Fig.

## THE FIGURES.

### Fig. II.

- a. The inner side of the Epiglottis.
- b. Musculi Arytenoidæi.
- c. Crico-Arytenoidæi Posteriores.
- d. The posterior and lower side of the Cartilago Cricoides.

#### Addition.

- e. The Prominent Line on the backside of the Cricoides.
- f. Musculus Arytenoidæus Verus.
- g. The Heads of the Cartilagine Arytenoides.
- h. The superior Cornua of the Cartilago Thyroides.
- i. The inferior Cornua.

### Fig. III.

- a. Rimula Laryngis.
- b. Musculus Hyo-Thyroidæus sinister.
- c. Sterno-Thyroidæus sinister.
- d. Pharynx.
- e. Œsophagus.

#### Addition.

If this Figure be taken from an Human Subject, it is a very extraordinary one.

### Fig. IV. and VI.

- a. The Point of the Tongue.
- b. The Basis of the Tongue.
- c. c. and d. d. The Musculi Stylo-Glossi cut; according to *Lancisi*.
- e. e. and f. f. Stylo-Pharyngæi.
- g. g. Cephalo-Pharyngæi, united by a Linea Alba.
- h. h. Œsophagæus; or rather the Cerato-Syndesmo-Pharyngæus.
- i. The Opening of the Pharynx.
- k. k. Œsophagus.
- l. l. Aspera Arteria.

#### Addition.

- m. Musculus Hyo-Crico-Pharyngæus.
- n. n. Glossio-Pharyngæi.
- o. A Portion of the Stylo-Pharyngæus.
- p. p. p. The Velum or Septum Palati.

\* X

q. q. The



## THE EXPLICATION OF

- q. q. The Arch of the Pharynx, with the Rugæ.
- r. r. Musculi Petro Pharyngæi.
- s. Stylo-Pharyngæus Minor *D. Santorini*.
- t. t. t. t. Perystaphylini Externi

Fig. V.

- a. The Tongue.
- b. Epiglottis.
- c. Ligamentum Epiglotticum *Morgagnii* sive Glosso-Epiglotticum.
- d. Ligamentum Hyo-Epiglotticum *Synitrum*.
- e. Os Hyoides.
- f. The Glands of the Basis of the Tongue.

Fig. VII.

A Fore-View of the Cartilago Cricoides.

- a. The Forepart.
- b. The Backpart.
- c. c. The small articular Heads or Tops.

Fig. VIII.

A Side-View of the Cricoid Cartilage, in which the small articular Surface expressed in Fig. I. is left out.

- a. The anterior Part or Basis.
- b. The posterior or upper part.
- c. The lateral part, in which the small articular Surface is wanting. Vide Fig. i. n.

Fig. IX.

- a. The right side of the Cartilago Thyroides.
- b. The right side of the Cartilago Cricoides.
- c. Epiglottis.
- d. The right superior Cornu of the Cartilago Thyroides.
- e. The left superior Cornu.
- f. The right inferior Cornu.

Fig. X.

A Back View of the Cartilago Cricoides.

- a. The prominent Line.
- b. b. The lateral sides.
- c. c. The small articular Eminences or Heads.

## OF THE FIGURES

### Fig. XI.

- a. Epiglottis.
- b. The right superior Cornu of the Cartilago Thyroides.
- c. The Superior Portion or Head of the right Arytenoide Cartilage.
- d. The Orifice of the right Ventricle of the Larynx.
- e. The right Portion of the Cricoides.
- g. An anterior Section of the Cricoides.
- h. A posterior Section.

### Fig. XII.

One of the Arytenoide Cartilages cleared from the Muscles.

#### Addition.

- a. b. The Basis of this Cartilage.
- b. The internal Angle of the Basis.
- c. The articular Cavity of the Basis.
- d. The Appendix or small Head of this Cartilage.



THE FIGURES

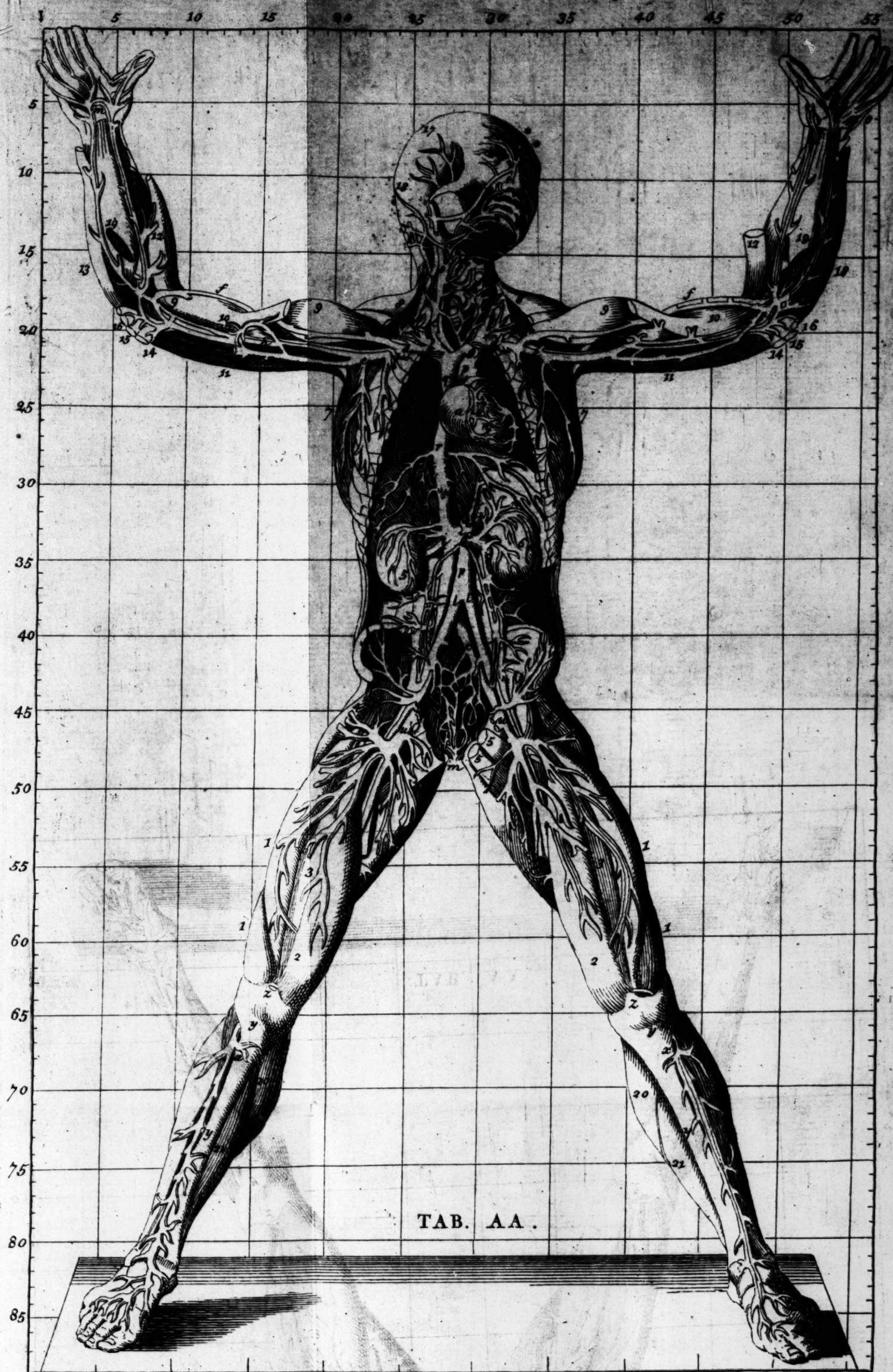
PLATE XI



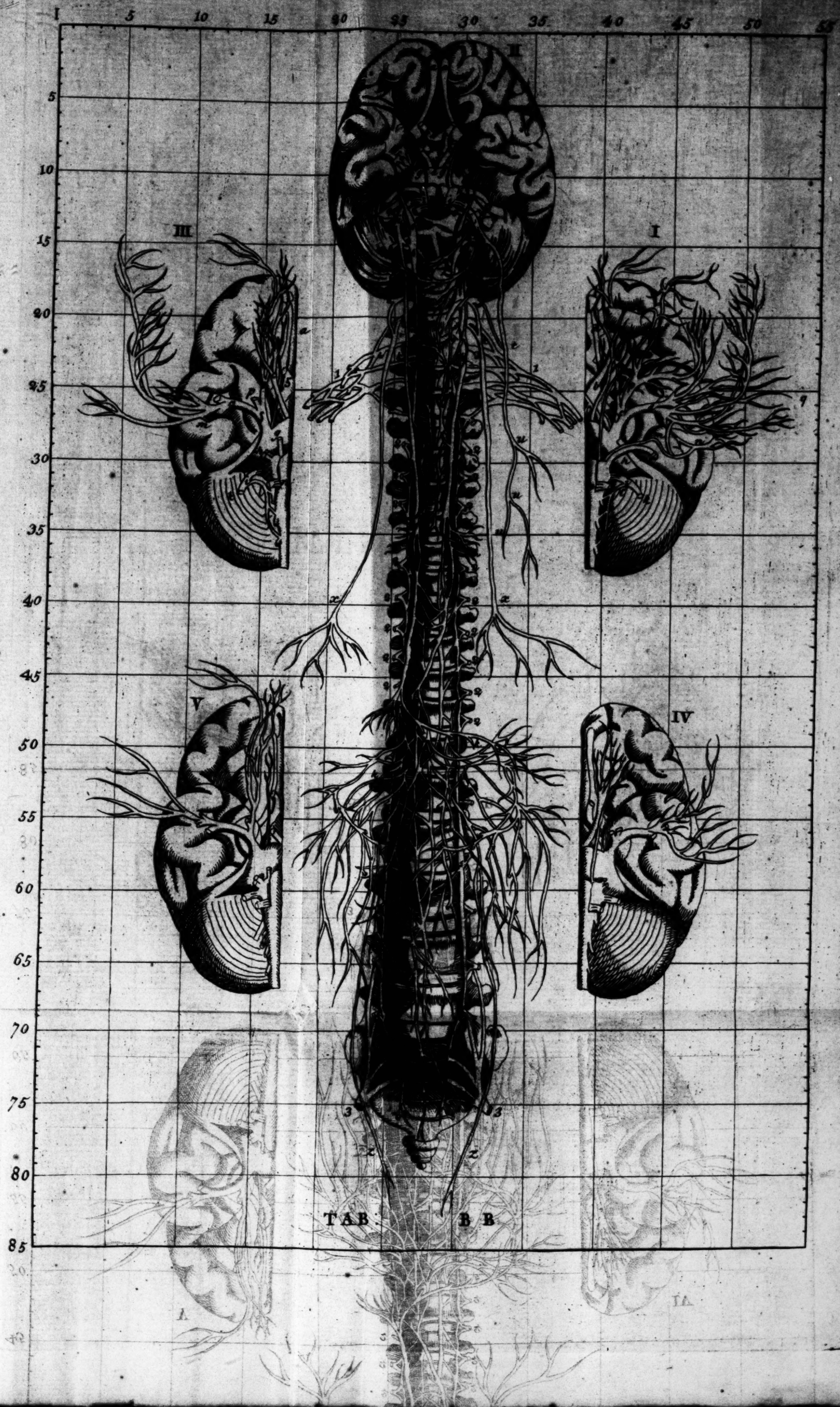
One of the Azygos Curving a distance of 1 1/2 inches.

a. The Base of this Curving.  
b. The internal Angle of the Curving.  
c. The external Angle of the Curving.  
d. The Appendix of this Head of the Curving.

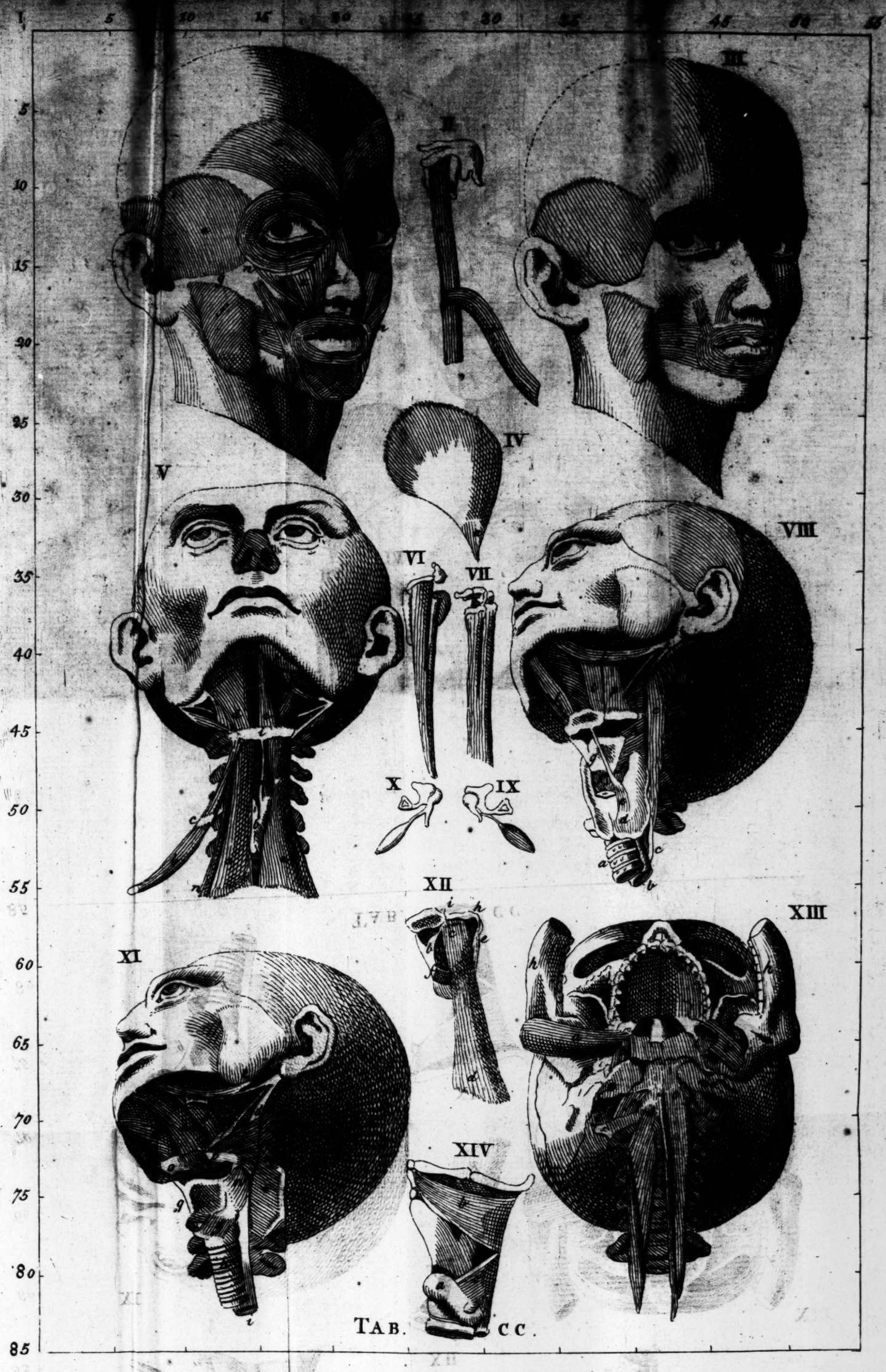












TAB. CC.



